

CITY OF



LANCASTER

ANNUAL REPORT

of

The Medical Officer of Health

and

The Chief Public Health Inspector

for the

Year Ended 31st December, 1961

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R. W. FARQUHAR, B.Sc.(Agric.) M.B., Ch.B., D.P.H.



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Public Health Department,
Thurnam Street,
Lancaster.

TO THE CHAIRMAN AND MEMBERS OF
THE PUBLIC HEALTH COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting for your consideration the Annual Report on the health of the City during 1961.

According to the preliminary report on the Census at April, 1961, the population of Lancaster was 48,887 compared with the figure of 51,661 at the 1951 Census, which is equivalent to a loss of 5.4 per cent.

The 848 deaths assigned to the City represented an adjusted death rate of 14.2 per 1,000 population: the rate for England and Wales was 12.0 per 1,000.

The principal causes of death followed the same general pattern of recent years and the commonest single cause was again coronary heart disease which was responsible for 22 per cent of the total deaths in the City. Deaths from accidents and suicide again ranked fifth amongst the chief causes, accounting for 3.2 per cent of the total.

Cancer of the lung accounted for 21 deaths equivalent to 2.5 per cent of the total. Since the recent publication of the Report of the Royal College of Physicians there can be few who can deny the evidence that heavy cigarette smoking is the main single cause of this disease. Parents need to be frequently reminded that it is their responsibility to dissuade and discourage their children from smoking and that example is more potent than precept.

In 1961 there were 19 deaths of infants under one year of age, equivalent to a mortality rate of 23.4 per 1,000 live births, compared with an annual average rate of 30.6 over the preceding decade. The downward trend in maternal as well as in infant mortality can be seen in Tables 4 and 5.

Influenza and other respiratory infections were more prevalent than usual, even during the summer months. The average number of new cases of sickness arising each week in the working population, which affords some measure of local community health, was the highest since 1957.

Whilst local response to the various immunisation and vaccination schemes, which at present offer protection against six infectious diseases, continues on the whole to be fairly satisfactory, there is still need to raise the standards of immunity in the population to a higher level.

The report shows, on the whole, steady progress in the environmental health field, although all that we would have liked has not been accomplished, particularly in regard to housing conditions. The Chief Public Health Inspector has reported fully on several major housing problems which lie ahead and which vitally concern public health. In doing so he has urged the need for a speeding up of the rate of im-

provement or modernisation of some 4,000 structurally sound houses still without a bath or hot water supply, for the repair of some older houses to obviate further decay and eventual demolition, for better control over houses-let-in-lodgings, and for the redevelopment of areas where the houses are obsolete although not unfit. All these competing claims will need careful assessment and frequent review as slum clearance nears completion.

In the annual report for 1959, stress was laid on the growing need for the provision of adequate housing suitable for the special needs of the elderly and aged citizens of Lancaster, and I would urge that priority should now be given to meeting this need as quickly as possible. The proportion of Lancaster's population of pensionable age is likely to reach 19 per cent by 1981 and the special housing problems of the aged may be prolonged indefinitely unless an early start can be made to the present building programme. The coming increases in the number of old, especially the very old people, are likely to make challenging demands on many statutory and voluntary services as well as on housing authorities.

Yours faithfully,

R. W. FARQUHAR,

Medical Officer of Health.

SECTION “A”

STATISTICS AND SOCIAL CONDITIONS
OF THE AREA

SUMMARY OF STATISTICS — 1961

Area (in acres)	5,036
Population (Registrar-General's estimate) mid-year, 1961 ...	48,520
Number of Inhabited Houses according to Rate Books ...	14,343
Rateable Value	£628,844
Sum represented by a Penny Rate	£2,548
LIVE BIRTHS	<i>Males Females Total</i>
Legitimate	399 353 752
Illegitimate	31 30 61
Total	430 383 813
Crude Birth Rate per 1,000 population ...	16.8
Adjusted Birth Rate per 1,000 population ...	18.1
Illegitimate Live Births per cent. of total live births ...	7.5
STILL BIRTHS	<i>Males Females Total</i>
Legitimate	8 8 16
Illegitimate	— — —
Total	8 8 16
Still Birth Rate per cent total (live and still) births ...	19.3
TOTAL LIVE AND STILL BIRTHS ...	438 391 829
DEATHS OF INFANTS UNDER 1 YEAR OF AGE	<i>Males Females Total</i>
Legitimate	8 8 16
Illegitimate	1 2 3
Total	9 10 19
Total Infant Mortality Rate per 1,000 live births ...	23.4
Legitimate Infant Mortality Rate per 1,000 legitimate live births	21.3
Illegitimate Infant Mortality Rate per 1,000 illegitimate live births	49.2
DEATHS OF INFANTS UNDER 4 WEEKS OF AGE	<i>Males Females Total</i>
Neo-Natal Mortality Rate per 1,000 live births ...	7 8 15
DEATHS OF INFANTS UNDER 1 WEEK OF AGE	<i>Males Females Total</i>
Early Neo-Natal Mortality Rate per 1,000 live births ...	6 7 13
DEATHS OF INFANTS IN FIRST WEEK PLUS	<i>Males Females Total</i>
STILL BIRTHS	14 15 29
Perinatal Mortality Rate per 1,000 total (live and still) births	35.0
DEATHS FROM MATERNAL CAUSES	Nil
Maternal Mortality Rate per 1,000 total (live and still) births	Nil
TOTAL DEATHS (ALL CAUSES) ...	<i>Males Females Total</i>
Crude Death Rate per 1,000 population ...	418 430 848
Adjusted Death Rate per 1,000 population ...	17.5
	14.2

Table 1

DEATHS IN THE CITY OF LANCASTER DURING 1961
CLASSIFIED BY CAUSE AND SEX

<i>Causes</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, Respiratory	3	—	3
Tuberculosis, Other	1	—	1
Syphilitic Disease	—	2	2
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal Infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other Infective and Parasitic Diseases ...	5	1	6
Malignant Neoplasm, Stomach	8	13	21
Malignant Neoplasm, Lung, Bronchus ...	20	1	21
Malignant Neoplasm, Breast	—	9	9
Malignant Neoplas, Uterus	—	5	5
Other Malignant and Lymphatic Neoplasms	33	40	73
Leukaemia, Aleukaemia	2	1	3
Diabetes	2	5	7
Vascular Lesions of Nervous System ...	59	81	140
Coronary Disease, Angina	103	86	189
Hypertension with Heart Disease	8	8	16
Other Heart Disease	31	35	66
Other Circulatory Disease	13	17	30
Influenza	7	8	15
Pneumonia	26	50	76
Bronchitis	30	4	34
Other Diseases of Respiratory System ...	6	3	9
Ulcer of Stomach and Duedenum	7	2	9
Gastritis, Enteritis and Diarrhoea	1	4	5
Nephritis and Nephrosis	3	3	6
Hyperplasia of Prostate	7	—	7
Pregnancy, Childbirth, Abortion	—	—	—
Congenital Malformations	5	6	11
Other Defined and Ill-defined Diseases ...	22	35	57
Motor Vehicle Accidents	4	2	6
All Other Accidents	10	7	17
Suicide	2	2	4
Homicide and Operations of War	—	—	—
TOTAL DEATHS FROM ALL CAUSES ...	418	430	848
		<i>Rate per 1,000</i>	
DEATHS FROM CERTAIN SPECIFIED DISEASES		<i>Deaths</i>	<i>est. population</i>
Cancer (all forms)	132		2.72
Tuberculosis (respiratory)	3		0.06

Table 2

DEATHS CLASSIFIED BY AGE GROUP AND LOCALITY—1961

WARD		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	75-	80+	Total All Ages
Bulk	...	1	—	—	—	—	—	1	—	7	3	55	53	60	103	283*
Castle	...	1	—	—	—	—	—	—	1	2	1	18	20	13	20	76
John O'Gaunt	...	2	—	—	—	—	—	—	1	1	—	11	21	6	20	62
Park	...	2	—	—	—	—	—	—	1	1	1	16	17	34	40	112*
St. Anne's	...	4	—	—	—	—	—	—	—	2	1	12	12	6	10	47
Scotforth	...	4	—	—	—	1	3	1	—	—	1	31	29	13	19	102
Skerton Central	...	—	1	—	—	—	—	—	—	—	—	15	10	5	9	40
Skerton East	...	1	—	—	—	—	—	—	—	—	—	13	11	11	12	48
Skerton West	...	4	—	—	—	1	—	—	1	1	5	24	22	9	11	78
Total	...	19	1	—	—	2	3	2	4	14	12	195	195	157	244	848

* Includes 316 deaths assigned to the City which occurred in Institutions.

Table 3

LANCASTER VITAL STATISTICS FOR 1961 AND THE PERIOD 1956-1960

Mid-Year	Estimated Home Population	Live Births		Deaths (all causes)		Stillbirths		Maternal Mortality		Infant Mortality			
		No. regis- tered	Crude Rate per 1,000 pop'n	No. regis- tered	Crude Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 Live births	Neo-natal	
1961	48,520	813	*16.8	848	*17.5	16	19.3	Nil	Nil	19	23.4	15	18.5
1960	49,220	801	16.3	708	14.4	20	24	Nil	Nil	22	27	15	19
1959	49,090	763	15.5	833	17.0	19	24	Nil	Nil	16	21	12	16
1958	49,150	762	15.5	753	15.3	13	17	Nil	Nil	14	18	10	13
1957	49,330	702	14.2	802	16.3	12	17	1	1.40	21	30	12	17
1956	49,530	655	13.2	750	15.1	7	11	1	1.51	18	27	10	15
Average 5 years, 1956-60			14.9	—	15.6	—	19	—	0.58	—	25	—	16

*Adjusted live birth-rate for 1961 (comparability factor 1.08) = (18.1 per 1,000)

*Adjusted death-rate for 1961 (comparability factor 0.81) = (14.2 per 1,000)

COMMENTS ON VITAL STATISTICS

Population

The Registrar General's estimate of the home population at mid-year 1961 was 48,520, a decrease of 700 from the mid-1960 figure.

A slightly higher figure than this was given in the 1961 Census preliminary report, which showed the number of persons resident in Lancaster at midnight on 23rd April, 1961, as 48,887, compared with 51,661 at the 1951 Census. On this basis the population has decreased over the decade by 2,774 or 5.4 per cent.

Although there were fewer people resident in the City in 1961 than in 1951 more houses are now available for them. The Census figures suggest that the number of private dwellings has increased by some 12 per cent over the 10 years, although according to the rate books the number of *inhabited* houses has increased only by 5.7 per cent. The general conclusion to be drawn from these figures is that, as a result of the general improvement in living standards, fewer households and families are now having to share a house and more than ever before are able to enjoy a house to themselves.

At the 1951 Census the proportion of the population of pensionable age was 13.7 per cent for England and Wales and 14.9 per cent for Lancaster. According to the most recent forecast of the Registrar General the proportion for England and Wales will increase by 1981 to 17.2 per cent, and on a similar basis it can be estimated that the figure for Lancaster will then be about 19 per cent.

Births

In 1961 live births increased by 12 to 813, giving an adjusted birth rate of 18.1 per 1,000 population. This may be compared with the crude rate of 17.4 per 1,000 for England and Wales and with the adjusted rate for the Administrative County which was also 17.4. Table 3 shows the crude birth rate in Lancaster for the previous five years.

Of the 813 live births 61 or 7.5 per cent were illegitimate, compared with a figure of 5.6 per cent in 1960.

Deaths

Deaths from all causes numbered 848, an increase of 140 on the previous year, corresponding to a crude death rate of 17.5 per 1,000 population. The death rate "area comparability factor" has been specifically adjusted to take account of the presence of any residential institutions within the City area. Thus Lancaster's adjusted death rate was 14.2 per 1,000 compared with the national rate of 12.0 per 1,000. The adjusted rate for the Administrative County in 1961 was 14.8 per 1,000, mortality in the North Western region being consistently higher than that in more favourable regions in the South and therefore exceeding the national figure.

Table 1 shows the Lancaster deaths classified by cause and sex under the 36 main headings used by the Registrar General, but the

Principal Causes of Death	1960		1961	
	No. of Deaths	Percent. of Total	No. of Deaths	Percent. of Total
Heart and Circulatory Diseases	283	40.0	301	35.5
Vascular Lesions of the Nervous System ...	126	17.8	140	16.5
Cancer (including Leukaemia)	95	13.5	132	15.6
Respiratory Diseases (excluding Tuberculosis)	65	9.2	134	15.8
Violence (including motor vehicle accidents)	25	3.5	27	3.2
Diseases of the Digestive System	8	1.1	14	1.6
Diseases of the Kidney and Prostate	9	1.3	13	1.5
Tuberculosis (all forms)	4	0.5	4	0.4
Infective Diseases (excluding Tuberculosis) ...	6	0.8	8	0.9
All other causes	87	12.3	75	9.0
Total	708	100.0	848	100.0

relative importance of the principal causes may be more clearly seen in the table above.

Heart Disease

Over one-third of the total deaths were caused by diseases of the heart and circulatory system and within this group "coronary disease, angina" continues to be the chief culprit. Adequate scientific evidence concerning the exact causation of this disease is still lacking but relative over-consumption of food resulting in obesity, associated with reduced physical activity in early and middle adult life, excessive smoking and mental stress appear from the reports of several investigators to be the most significant factors. Moderation in living habits may yet prove to be the key to the prevention or control of coronary disease.

Lung Cancer

Mortality from cancer of the lung and bronchus has greatly increased in Great Britain and certain other countries during the last 40 years. Deaths from this disease in the City in each of the last 10 years are shown in the accompanying table along with total deaths and deaths from all forms of cancer. It will be noted that during this period 168 males died from lung cancer compared with only 23 females. In 1961 the death rates from lung cancer in Lancaster, the Administrative County and England and Wales were respectively 0.43, 0.45 and 0.49 per 1,000 population.

Although in the last 10 years a great deal of publicity has been given to the fact that lung cancer affects smokers more than non-smokers, tobacco consumption, and particularly cigarette smoking, have continued to rise. In its recent report, "Smoking and Health," the Royal College of Physicians assessed the evidence about the relationship

Year	Total Deaths (all causes)	Deaths from Cancer (all forms)	Deaths from Cancer of Lung and Bronchus		
			Males	Females	Total
1952	652	104	12	3	15
1953	771	130	16	2	18
1954	689	117	19	2	21
1955	763	102	17	—	17
1956	750	124	13	3	16
1957	802	115	21	6	27
1958	753	114	19	1	20
1959	833	114	18	3	21
1960	708	95	13	2	15
1961	848	132	20	1	21
Total 10 years	7,569	1,147	168	23	191

of smoking and health, and concluded that cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease. The risk is greater for the heavier smokers. The report called for a vigorous effort at both national and local level to deal with an addiction which is widespread and which is being assiduously encouraged by all the resources of modern advertising.

MATERNAL MORTALITY

Under the heading of "pregnancy, childbirth and abortion" no deaths were recorded in 1961. In Table 4 is set out the annual maternal mortality for Lancaster M.B., the Administrative County, and for England and Wales over the past ten years, but it should be noted that, owing to the smallness of the absolute figures for the City, it is perhaps unwise to overstress the differences in the respective maternal death rates. The national rate for 1961 reached a new low record of 0.33 per 1,000 total births.

At the instigation of the Ministry of Health in May, 1956, discussions were held at hospital group level between professional representatives of the hospital and specialist services, the local health authority services and the general practitioners to discuss toxæmia of pregnancy in relation to maternal mortality in their areas. Locally a Standing Obstetric Advisory Committee, of which your Medical Officer of Health is a member, was subsequently set up to keep this matter under review, particularly in regard to the standard of ante-natal care.

Table 4**MATERNAL MORTALITY, 1951 - 1961**

Comparative Statement of Maternal Death Rates for Lancaster M.B., the Administrative County of Lancaster and England and Wales

Year	Lancaster M.B.		Lancs. Admin. County		England & Wales
	No. of Maternal Deaths	Mortality per 1,000 total births	No. of Maternal Deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1961	Nil	Nil	15	0.38	0.33
1960	Nil	Nil	17	0.45	0.39
1959	Nil	Nil	19	0.52	0.38
1958	Nil	Nil	18	0.45	0.43
1957	1	1.40	20	0.58	0.47
1956	1	1.51	19	0.58	0.56
1955	1	1.38	40	1.31	0.64
1954	Nil	Nil	27	0.90	0.69
1953	3	3.92	39	1.26	0.75
1952	1	1.33	24	0.80	0.72
1951	1	1.34	21	0.69	0.81
Average Mortality 10 years, 1951-1960		1.08		0.75	0.58

Infant Mortality

In 1961 there were 19 deaths of infants under one year of age compared with 22 in the previous year. The mortality rate at 23.4 per 1,000 live births was lower than the County rate although a little above the national figure. Table 5 provides further comparisons over the last 10 years.

Many of the infant deaths assigned to the City were classified by the Registrar General under "other defined and ill-defined diseases," or as "congenital malformations". In the table on page 17 such group classifications have been broken down as far as local records allow and the causes of death are shown more specifically under various age groups from one day up to one year.

Table 5**INFANT MORTALITY, 1951 - 1961**

Comparative Statement of Infant Death Rates for Lancaster M.B., the
Administrative County of Lancaster and England and Wales

Year	Lancaster M.B.		Lancs. Ad. County	England & Wales
	No. of Infant Deaths	Mortality per 1,000 live births	Mortality per 1,000 live births	Mortality per 1,000 rel. live births
1961	19	23.4	24.1	21.4
1960	22	27.5	25.0	21.9
1959	16	21	24	22
1958	14	18	26	23
1957	21	30	25	23
1956	18	21	27	24
1955	23	32	27	25
1954	28	44	29	25
1953	24	32	29	27
1952	32	43	30	28
1951	28	38	29	30
Average Mortality 10 years, 1951-1960		30.6	27.1	24.9

Neo-Natal and Peri-Natal Mortality

Of the 19 infants who died at ages under one year no less than 15 failed to survive 4 weeks and 13 died within the first week of life. These early deaths were due to various congenital abnormalities and prematurity.

First week mortality, which is closely related to pre-natal and intra-natal conditions, follows a similar pattern to many still-births, and peri-natal mortality is the term now used for still births plus first week deaths, expressed as a rate per 1,000 live and still births. In 1961, from the twenty-eighth week of pregnancy to the end of the first year of life, there was a total loss of 35 infant lives in the City and 29, or 83 per cent, of these occurred in the peri-natal period.

Peri-natal mortality shows a marked regional variation and may be regarded as a sensitive measure of the quality of obstetric care and the adequacy of the maternity services.

Cause	Under 1 day	1—7 days	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Pneumonia				1		1					1
Congenital Malformations:—											
Anencephaly	1					1					1
Circulatory system		2				2	1				3
Nervous system			1			1					1
Other (unspecified)		1				1					1
Spina bifida								1			1
Birth Injuries	2					2					2
Post natal asphyxia and atelectasis ...	1	4				5					5
Prematurity (unqualified)	2					2					2
Other diseases peculiar to early infancy							1			1	2
	6	7	1	1		15	1	1	1	1	19

Morbidity—Weekly Rate of New Claims to Sickness Benefit

I am indebted to the Manager of the local office of the Ministry of Pensions and National Insurance for the information overleaf, showing the weekly number of new claims to sickness benefit made by the working population in the Lancaster area. These records cover Lunesdale and part of Lancaster Rural Districts as well as Lancaster City. In 1961 the peak periods occurred in January, February and December. The accompanying graph shows that the trend of morbidity has followed a roughly similar pattern in each of the three years 1959, 1960 and 1961, apart from the peak periods of sickness caused by influenza or other respiratory infections.

It should be noted that the figures do not relate to the total amount of sickness in the working population, but merely indicate the incidence of new cases of sickness arising each week.

NO OF NEW CLAIMS PER WEEK — WORKING POPULATION, 1961

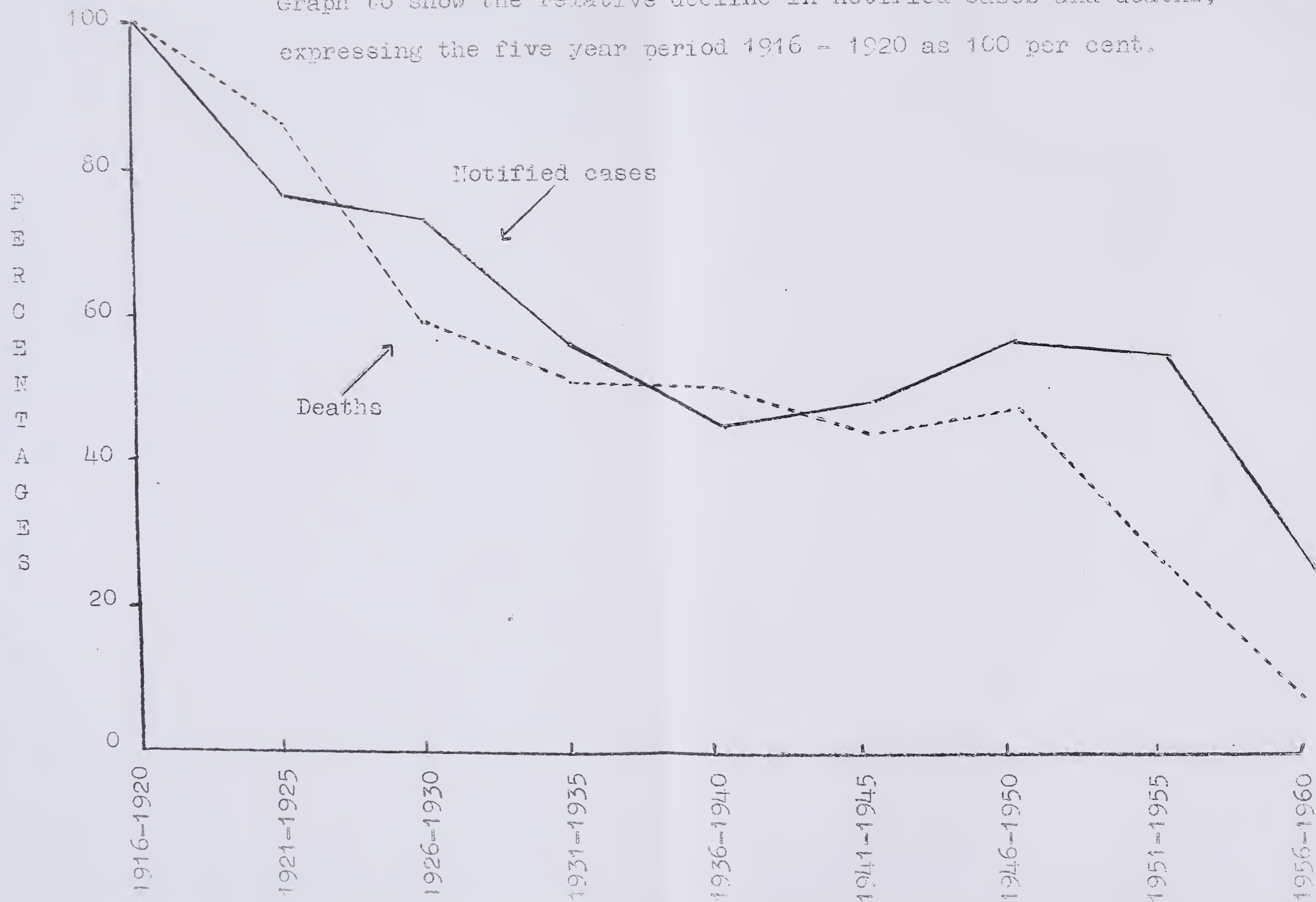
Jan. 3 ... 183	Apl. 4 ... 107	July 4 ... 132	Oct. 3 ... 200
„ 10 ... 299	„ 11 ... 193	„ 11 ... 113	„ 10 ... 181
„ 17 ... 306	„ 18 ... 180	„ 18 ... 156	„ 17 ... 200
„ 24 ... 456	„ 25 ... 153	„ 25 ... 130	„ 24 ... 212
„ 31 ... 689			„ 31 ... 207
	May 2 ... 143	Aug. 1 ... 126	
Feb. 7 ... 846	„ 9 ... 178	„ 8 ... 79	Nov. 7 ... 211
„ 14 ... 518	„ 16 ... 163	„ 15 ... 117	„ 14 ... 222
„ 21 ... 322	„ 23 ... 120	„ 22 ... 170	„ 21 ... 209
„ 28 ... 209	„ 30 ... 144	„ 29 ... 138	„ 28 ... 216
Mar. 7 ... 189	June 6 ... 144	Sep. 5 ... 140	Dec 5 ... 198
„ 14 ... 172	„ 13 ... 142	„ 12 ... 140	„ 12 ... 187
„ 21 ... 161	„ 20 ... 133	„ 19 ... 153	„ 19 ... 160
„ 28 ... 166	„ 27 ... 142	„ 26 ... 186	„ 26 ... 420

SICKNESS BENEFIT — AVERAGE NO. OF NEW CLAIMS PER WEEK

1953	...	140
1954	...	150
1955	...	160
1956	...	148
1957	...	218
1958	...	151
1959	...	164
1960	...	149
1961	...	213

R E S P I R A T O R Y T U B E R C U L O S I S

Graph to show the relative decline in notified cases and deaths,
expressing the five year period 1916 - 1920 as 100 per cent.



SECTION “ B ”

GENERAL PROVISION OF HEALTH SERVICES
IN THE AREA

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The main work of the Public Health Department concerns the control of infectious diseases and environmental health and detailed reports on these services, which are directly controlled by the City Council, will be found in Section "C" and Section "D."

The present section is related to those health services which concern mainly the personal health and welfare of the individual rather than public health and the community. Although administered by statutory authorities other than the City Council, it is felt that some brief account of the nature and scope of these services will be of interest to the Health Committee and, indeed, to the general public.

Local Health Services under Part III of the National Health Service Act, 1946

Divisional Health Committee No. 2 of the Lancashire County Council are responsible for the day-to-day administration of the following health services, which are available to the citizens of Lancaster as well as to the inhabitants of the surrounding districts.

1. *Care of Expectant and Nursing Mothers and Young Children* including the provision of ante-natal clinics, post-natal care, dental care, child welfare centres and day nurseries, as well as special arrangements for premature babies and unmarried mothers.
2. *Domiciliary Midwifery.*
3. *Health Visiting.*
4. *Home Nursing.*
5. *Home Help Service*, including night and evening attendance.
6. *Immunisation and Vaccination*, existing schemes afford protection to children against smallpox, diphtheria, whooping cough and tetanus. More recently vaccination against poliomyelitis and tuberculosis has been made available to certain age groups.
7. *Ambulance Service.*
8. *Mental Health Service.* This provides supervision and after-care for two distinct classes, viz., those suffering from mental illness and those who are mentally handicapped. Mental Welfare Officers are responsible for the community care of such persons, working in close co-operation with general practitioners and consultant psychiatrists.

A Junior Training Centre has been established at Greaves House, Lancaster, for severely subnormal children as well as a creche for other children who may be physically as well as mentally handicapped.

9. *Prevention of Illness and Care and After-Care of Persons suffering from Illness*, including health education, convalescent care, prevention and after-care of tuberculosis, provision of nursing equipment and apparatus, after-care of persons discharged from hospital, a domiciliary laundry service, and a chiropody service for the elderly, the physically handicapped and expectant mothers.

Welfare Services—National Assistance Act, 1948.

The following welfare services are also administered by the Divisional Health Committee:—

1. *Residential Accommodation*. For persons in need of care and attention not otherwise available to them, accommodation is provided in the following hostels—Dolphinlee, Laurels and Fair Elms, Lancaster; the Empress Hostel at Morecambe; Moor Platt and The Hermitage at Caton.
2. *Care of Aged Persons in their Own Homes*. The domiciliary services provided by the County Council have been expanded where necessary, so as to give adequate assistance, support and encouragement, in conjunction with local voluntary organisations, to enable old people to continue to live in their own homes.
3. *Handicapped Persons*. Registers are maintained for the blind, the partially sighted and the deaf for whom certain welfare services are made available through the agency of voluntary organisations. Other classes of handicapped persons, including cripples, epileptics and spastics, may after registration, be provided with occupational therapy, transport to social centres, holidays, chiropody treatment, etc.
4. *Homes for Disabled and/or Old Persons*. There are 7 homes of this nature in the division, all managed by voluntary organisations or by private individuals. These are registered and inspected regularly by the divisional medical staff.

School Health Service—Education Act, 1944

The school health service is controlled centrally by a committee of the County Council, and for the local administration of this service, the Divisional Medical Officer is responsible to the County Medical Officer of Health.

In addition to the routine medical and dental inspections of children carried out in the City schools, various clinics, some attended by visiting specialists, are provided for the correction or treatment of certain defects.

The admission of handicapped pupils to special schools is arranged through the County Medical Officer of Health. Medical supervision of children under the care of the Children's Department is also undertaken by the school medical officers. Details relating to local clinics are set out in the table overleaf:—

CLINIC AND TREATMENT CENTRES — LANCASTER CITY

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
I. ANTE-NATAL (1) Ashton Road (2) Ryelands House	— —	— —	— —	— —	2—4 p.m. (fortnightly) 9-30-11-30am (fortnightly)	— —
II. CHILD WELFARE (1) Ashton Road (2) Ryelands House (3) Cong. Church, Hala Estate (4) 11 Patterdale Road, Ridge Estate (5) Marsh Infant School	— 2—4 p.m. 2—4 p.m. — —	— — — — —	2—4 p.m. — — 2—4 p.m. 2—4 p.m.	2—4 p.m. — — — —	— 2—4 p.m. — — —	— — — — —
III. IMMUNISATION AND VACCINATION (1) Ashton Road (2) Ryelands House (3) 11 Patterdale Road, Ridge Estate	Arranged as required — usually fortnightly					
IV. MINOR AILMENTS (1) Ashton Road (2) Ryelands House	a.m. 9—10-30 9—10-30	a.m. 9—10-30 —	a.m. 9—10-30 9—10-30	a.m. 9—10-30 —	a.m. 9—10-30 9—10-30	— —
V. INSPECTION CLINIC (1) Ashton Road (2) Ryelands House	— —	— —	— —	— —	— —	a.m. 9-30-11-30 9-30-11-30
VI. OPHTHALMIC Ashton Road	— —	— —	— —	— —	— —	First & third Saturdays of month
VII. ORTHOPAEDIC Ashton Road	— —	— —	— —	By appointm't	— —	
VIII. CHIROPODY Ashton Road	— —	— —	9-30 a.m. to 12 noon	— —	— —	— —
IX. SPEECH THERAPY (2) Ryelands House	— —	9-30 a.m. to 4-30 p.m.	9-30 a.m. to 4-30 p.m.	— —	— —	— —
X. DENTAL Ashton Road	Monday to Friday, 9-30 a.m. — 4 p.m. daily by arrangement					

Laboratory Facilities

The bacteriological examinations of milk, water, ice cream and foodstuffs, as well as of specimens of faeces, blood, nose and throat swabs, etc. from individual patients is carried out at the Public Health Laboratory at Preston and I am indebted to Dr. Robertson, its Director, for much helpful advice in connection with epidemiological investigations.

The chemical analysis of water, as well as of milk and foodstuffs taken under the Food and Drugs Act, 1955, is performed by the County Analyst, Dr. Walker, whose willing co-operation is also appreciated.

Nursing Homes

The following nursing homes in Lancaster and district are registered with the County Council under the provisions of the Public Health Act, 1936.

Westhaven Nursing Home, 2/3, Laurel Bank, Lancaster.

Beds: 10 medical.

Caton Green Nursing Home, Caton Green, nr. Lancaster.

Beds: 29 medical, 5 surgical.

Co-ordination of Health Services

The structure of the National Health Service, with responsibilities shared by separate authorities, renders it essential that there should be effective arrangements for securing integration. Locally this is ensured by cross representation on committees and by liaison between officers of the different services. Co-ordination of the school health service, the other health services of the County Council and the health services administered by the City Council, is facilitated by reason of the fact that your Medical Officer of Health acts also as Divisional Medical Officer and School Medical Officer. Co-operation with local general practitioners is secured by frequent exchange of information in relation to infectious diseases, housing, domiciliary nursing services, welfare of aged and handicapped persons, etc. There is close liaison also with all local hospitals and I am grateful to the administrative, medical, and nursing staffs for much useful information supplied in connection with the after-care of discharged patients. Every effort is made also to co-operate with the numerous voluntary organisations, which play such a useful part in filling the gaps still apparent in the National Health Service.

SECTION “C”

PREVALENCE OF AND CONTROL OVER
INFECTIOUS AND OTHER DISEASES

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Following upon the low figure of 235 notifications of infectious diseases received in 1960, the number of cases notified by general practitioners in 1961 rose to 688. This was almost entirely due to a higher incidence of measles.

Detailed figures relating to the various diseases will be found on page 29, but the following summary shows the comparative incidence of the principal infectious diseases over the past seven years.

	Average of 5 years 1955-1959	1960	1961
Scarlet Fever	40	27	14
Diphtheria	—	—	—
Whooping Cough	62	41	8
Measles	394	16	584
Pneumonia	25	14	14
Tuberculosis	33	24	31
Poliomyelitis	1	—	—
Typhoid and Paratyphoid Fever	—	—	—
Dysentery	71	107	27
Food Poisoning	7	3	4
Other Diseases	8	3	6
TOTAL	641	235	688

Scarlet Fever and Diphtheria.

Only 14 cases of scarlet fever were notified in 1961 and 27 in 1960 against a yearly average of 40 for the previous 5 years. The last case of diphtheria in Lancaster occurred in 1948, but small outbreaks of this disease continue to occur in some parts of the country, a sharp reminder of the penalty which occurs whenever the proportion of young children immunised is not maintained at a high level.

Measles

Following the 16 cases notified in 1960, the lowest on record, 584 cases were reported in 1961. Although this common disease of childhood continues to manifest periodic exacerbations and its overall incidence remains high, its fatality rate has greatly decreased over the past 25 years owing to improved methods of treating the secondary infections which so often complicates its course. No prophylactic vaccine which can be regarded as satisfactory has yet been produced.

Whooping Cough

Only 8 cases of whooping cough were notified in 1961 compared with 41 in the previous year, and an average of 62 for the years 1955-1959. There are indications that this disease is becoming less common and also less severe in nature since pertussis vaccine came into regular use. The average incidence between 1950-1954 was 166 cases per annum.

Poliomyelitis

In 1961 the City remained free of poliomyelitis as was the case in 1960.

Vaccination against this disease commenced in the latter half of 1956 with Salk vaccine given by injection. The new Sabin vaccine taken by mouth is to replace the Salk vaccine from the beginning of 1962 and this should simplify the procedure and make it more acceptable.

The following table shows the number of Lancaster children, adults up to the age of 40, and those over 40 at special risk, who have been vaccinated since 1958.

No. of Persons who have completed Primary Vaccination against Poliomyelitis

		O-15 yrs.	15-40 yrs.	Over 40 yrs.	Total
1958	...	3,194	386	—	3,580
1959	...	2,172	3,075	—	5,247
1960	...	644	929	42	1,615
1961	...	1,142	1,652	576	3,370

In addition a large number of reinforcement doses have been given, particularly to children.

Immunisation and Vaccination Schemes

The National Health Service provides a comprehensive free service for immunisation and vaccination. At present protection against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis, is available at the school clinics and child welfare centres, or from the family doctor.

Whilst on the whole the local response to these various preventative measures has been fairly well maintained there is still much room for improvement. The acceptance rate for vaccination of infants against smallpox in this area is less than 50 per cent., and the rate varies from 100 per cent. to 1 per cent. in different parts of the country. The outbreak of smallpox in Bradford in January, 1962 had its repercussions here and the demand for protection suddenly increased. Whenever there is a local outbreak of one of these diseases vaccination queues tend to appear, and this is unfair to the doctors, to the health authority and to those responsible for the supply of vaccines. Panic queues are the evidence of responsibilities neglected.

In recent years the availability of combined vaccines has greatly increased and immunisation against diphtheria, whooping cough and tetanus is now almost entirely carried out with a triple vaccine. The introduction of a quadruple vaccine would still further reduce the number of injections to which the individual child has to be subjected. The following table gives details of the number of Lancaster children immunised against each of these three diseases in the last six years.

Immunisation against Diphtheria, Whooping Cough and Tetanus,
1956 - 1961

Number of individuals who completed a full course of primary immunisation										Number of individuals who were given a re-inforcement injection		
	Diphtheria			Whooping Cough			Tetanus			Diph-theria	Wh'p'g Cough	Tetanus
Age Groups	0—4	5—14	Total	0—4	5—14	Total	0—4	5—14	Total	All ages	All ages	All ages
1956	430	32	462	408	3	411	101	—	101	968	9	6
1957	445	36	481	423	4	427	330	4	334	752	9	5
1958	642	47	689	633	14	647	591	12	603	1,059	13	10
1959	682	22	704	679	13	692	662	13	675	821	20	18
1960	617	42	659	610	20	630	614	28	642	1,041	61	100
1961	702	69	771	698	29	727	701	61	762	1,022	177	263

Dysentery

In this disease symptoms are often slight or short lived and the disease is therefore not always reported or notified. During the year 27 cases were notified compared with 107 in 1960. About half the cases occurred in adults and most of these occurred in mental hospitals. The causal agent was identified as Sh. Sonne in the majority of cases.

Food Poisoning.

In 1961 there were 6 cases of food poisoning of which 4 were officially notified. In 5 cases the infection was caused by Salmonella typhi murium by far the most common food poisoning organism in this country; in the remaining case Salmonella thompson was identified. Two of these cases were associated with a long distance coach trip.

CASES OF INFECTIOUS DISEASE (OTHER THAN TUBERCULOSIS) NOTIFIED DURING 1961

DISEASE	AGE PERIOD—YEARS											Total	
	0—	1—	2—	3—	4—	5—	10—	15—	25—	45—	65— & over		Age unknown
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	1	1	1	7	2	2	—	—	—	—	14
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles (excluding Rubella)	32	70	91	102	78	196	12	3	—	—	—	—	584
Whooping Cough	1	—	2	3	—	2	—	—	—	—	—	—	8
Acute Pneumonia (Primary and Influenzal)	—	—	1	—	—	1	3	—	2	3	4	—	14
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	1
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis—Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
” ” Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis-Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
” ” Post Infective	—	—	—	—	2	6	—	1	13	5	—	—	27
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	2	2	1	—	5
Malaria (contracted in England and Wales)	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning...	—	—	—	—	—	—	1	—	1	—	2	—	4
Total	33	70	95	106	81	212	18	7	18	10	7	—	657

Tuberculosis — Incidence.

The number of new cases of respiratory tuberculosis notified in 1961 was 25, 4 more than in the previous year. Over the preceding 10 years notified cases averaged 36 per annum and in 1915 when records were first started in the City, the annual incidence was about 120.

There were 6 cases of non-respiratory tuberculosis in 1961 as against 3 in 1960.

For all forms of tuberculosis, therefore, new cases notified totalled 31 against 24 in the previous year and an average annual incidence of 42 for the period 1951 - 1960.

Comparative figures are given below.

Year	New Cases Notified		
	Respiratory	Non-respiratory	Total
1961	25	6	31
1960	21	3	24
1959	17	—	17
1958	17	2	19
1957	34	6	40
1956	35	2	37
1955	43	9	52
1954	33	8	41
1953	58	6	64
1952	48	6	54
1951	57	12	69
Total	363	54	417
Av'ge 10 yrs. 1951-1960	36.3	5.4	41.7

The following table gives a summary of the known cases of tuberculosis in the City at 31st December, 1961.

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Respiratory	...	...	166	98	264
Non-respiratory	...	...	14	12	26
			180	110	290

Tuberculosis — Mortality

The accompanying graph of respiratory tuberculosis in Lancaster shows the marked decline in the number of cases notified and in the number of deaths over the past 40 years, relative to the five year period 1916 - 1920.

Year	Respiratory Tuberculosis		Non-respiratory Tuberculosis		All forms	
	Deaths	Rate per 1,000 pop'n	Deaths	Rate per 1,000 pop'n	Deaths	Rate per 1,000 pop'n
1961	3	0.06	1	0.02	4	0.08
1960	4	0.08	—	—	4	0.08
1959	9	0.18	—	—	9	0.18
1958	2	0.04	—	—	2	0.04
1957	10	0.20	2	0.04	12	0.24
1956	6	0.12	—	—	6	0.12
1955	20	0.40	1	0.02	21	0.42
1954	8	0.16	2	0.04	10	0.20
1953	7	0.14	2	0.04	9	0.18
1952	7	0.14	1	0.02	8	0.16
1951	19	0.37	1	0.02	20	0.39
Average of 10 years 1951-1960	9.2	0.18	0.9	0.02	10.1	0.20

In 1961 there were 3 deaths from respiratory tuberculosis and one from other forms of the disease, compared with 4 and none respectively in the previous year.

Control of Tuberculosis.

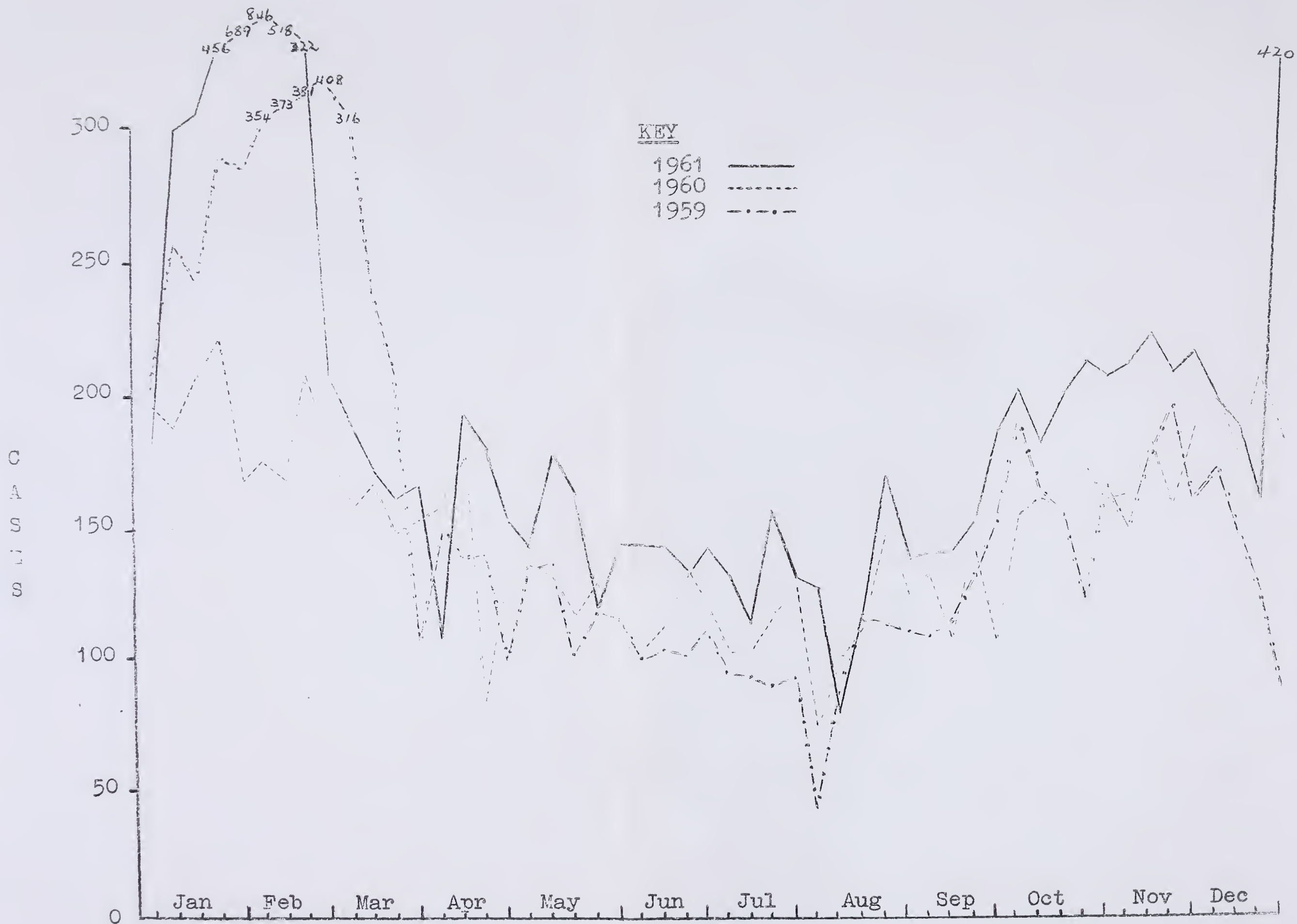
Although progress in the control of tuberculosis in Great Britain in the last 10 years or more has been such that its eradication within the next 20 years may appear possible, it must not be forgotten that over 20,000 new cases are still being found each year. Furthermore, there has been no diminution in the proportion of cases first notified post mortem. The disease too often still goes undiagnosed, especially in elderly people, and there are still sufficient infectious people at large to have caused infection in some 17 per cent. of school children by the age of 13.

Tuberculosis must therefore still be regarded as an important communicable disease. The search for sources of infection, the examination of contacts at home and at work, the vaccination of those

at special risk of infection and adequate treatment with long term follow up—these measures must all be continued and where necessary intensified.

Since 1957 routine tuberculin testing has been carried out in school leavers in association with B.C.G. vaccination. During 1961, 840 scholars in the City who were found to be negative reactors to the tuberculin test were vaccinated. Positive reactors were all referred to the Chest Clinic for X-ray examination and follow up. In addition the chest physicians carried out B.C.G. vaccination on 109 infants and children who were at risk from close contact with infectious cases. Vaccination confers a substantial degree of protection against subsequent natural infection.

A mass radiography survey was again carried out towards the end of 1961, five years after the last survey in the City. A total of 16,316 people were X-rayed, including nearly 4,000 of the general public, but the detailed findings are not yet available.



WEEKLY INCIDENCE OF SICKNESS - WORKING POPULATION.

LANCASTER AREA.

SECTION “ D ”

SANITARY CIRCUMSTANCES OF THE CITY

Annual Report of the
CHIEF PUBLIC HEALTH INSPECTOR

F. SHAW, D.P.A., F.R.S.H.

CITY OF LANCASTER—ENVIRONMENTAL HEALTH SERVICES
Under the Direction of the Chief Public Health Inspector

HOUSING	RATS AND MICE	MILK AND DAIRIES	GENERAL SANITATION
INSPECTION OF HOUSES Preparation of reports on general housing conditions in the city.	Destruction and infestation prevention.	Supervision of distribution of milk. Inspection of dairies.	Investigation into complaints. Abatement of nuisances.
REPAIR OF HOUSES Preparation of specifications and schedules of costs. Supervision of works.	INSECT, ETC., PESTS Destruction and control.	SAMPLING OF MILK FOR: Adulteration. Keeping quality. Tubercle bacilli. Brucella Abortus.	Water supplies (purity and sufficiency of). Purity of swimming bath water. Inspection of camping sites.
Execution of works in default of owners.	UPHOLSTERY, ETC., FILLINGS Supervision of premises where upholstery fillings are made or stored or used. Sampling such fillings for examination as to cleanliness.	PRE-LICENSING INSPECTION OF: Pasteurising plants. Sterilising plants. Bottling establishments. Routine inspection of plants and premises.	Drainage. Removals of accumulations of waste and offensive matter. RIVERS AND WATERCOURSES Investigation into pollution.
Clearance of the buildings from such areas.	FOOD AND DRUGS EXAMINATION AND SAMPLING EXAMINATION OF: Meat at the time of slaughter. Meat in butchers' shops, etc. Food of all kinds in shops, stores, warehouses, etc. Supervision of the disposal of food condemned as unfit. SAMPLING OF: Food and drugs for analysis. Foods for bacteriological exam.	INSPECTION OF OTHER PREMISES, e.g.: Factories. Building and civil engineering sites. Workplaces. Shops. Offices. Places of entertainment. Offensive Trade premises. Schools.	SEWAGE DISPOSAL Sewage disposal from isolated buildings not connected to the town's sewerage system.
Demolition of single houses not included in areas. Closure of dwelling which it is not practicable to demolish.			INFECTIOUS DISEASES Investigations into causes of spread. Disinfection of premises and articles.
VALUATION OF HOUSES Valuation of houses to ascertain whether they are capable of repair at reasonable cost, etc. Estimation of future life of houses.			FOOD-BORNE INFECTIONS Investigations into causes. Collection of specimens for exam.
OVERCROWDING Ascertainment and abatement of overcrowding.		NATIONAL ASSISTANCE ACT Burial of the Dead. Arrangement for care of people living alone under insanitary conditions.	PET ANIMALS Inspection of pet animal shops.
COMMON LODGING HOUSES Inspection and registration. HOUSES LET IN LODGINGS Inspection and supervision.			PORT HEALTH Inspection of crew's accommodation. Ship drinking water supplies. Rat and vermin destruction. Enquiries re infectious diseases and sickness amongst crews. Supervision of shellfish layings and collection grounds.
REHOUSING Investigation into special housing needs which call for priority. Removals in connection with rehousing. Fumigation of household effects with HCN when necessary.	HYGIENE OF FOOD PREMISES Inspection of all premises used for the preparation, storage, handling and sale of food. Advice on layout, design and construction of food premises. Advice on equipment.	ATMOSPHERIC POLLUTION Inspection of boiler, etc., plants. Observation of smoke from chimneys. Investigations generally into atmospheric pollution.	

**To The Chairman and Members of
The Public Health Committee**

Public Health Department,
Thurnham Street,
Lancaster.

Mr. Chairman, Ladies and Gentlemen,

This Report for 1961 follows in form those of previous years. Satisfactory progress was made in slum clearance during the year, and it is expected that the 1955-63 programme will be completed during 1962. The main problems in the housing field now are obsolescence and houses let-in-lodgings. About 55 per cent of the occupiers in Lancaster now own or are buying the houses they live in, and this high proportion of owner-occupation might create problems in the foreseeable future. A large proportion of these owner-occupiers are living in old houses which are obsolete in design and equipment, and some of them are incapable of modernisation at an economic cost. Some of the houses are not being properly maintained and this could result in their having to be prematurely included in slum clearance schemes.

Lancaster's first Smoke Control Order became operative in November, 1961, and has been well observed.

The inspection of food premises and the examination and sampling of food remain important functions of the Department, but the unsatisfactory conditions in the Markets continued throughout another year.

The transference of the Water Undertaking to a Board has not reduced the Council's responsibility for ensuring a safe and wholesome supply.

It is with pleasure that I sincerely acknowledge the loyal support and co-operation of the whole staff of the Department without whose help this Report would not have been possible.

I am,
Yours truly,
F. SHAW,
Chief Public Health Inspector.

WORK OF PUBLIC HEALTH INSPECTORS

The following tables show the total number of premises visited during the year, the defects or nuisances found and abated, the number of notices served, and the types of inspections and visits made, excluding housing.

Statistical and other information concerning housing conditions is given on pages 42 to 47.

Public Health Inspections during 1961

No. of visits and inspections — 10,462. Defects or nuisances—No. discovered 571; No. abated 551. No. of notices served—Informal 637; Statutory 28; Legal proceedings Nil.

Types of Inspections and Visits other than Housing

Atmospheric pollution	...	...	...	...	...	584
Rodent infestation	...	...	...	...	...	22
Infectious disease enquiries	...	...	...	...	...	15
Food inspection	...	...	...	...	...	160
Miscellaneous Public Health inspections	...	...	...	...	...	304
Miscellaneous visits	...	...	...	...	...	1,216
Offensive trade premises	...	...	...	...	...	1
Butchers' shops and stores	...	...	...	...	...	61
Bakehouses	...	...	...	...	...	95
Ice cream premises	...	...	...	...	...	105
Fish fryers' premises	...	...	...	...	...	35
Food preparing premises	...	...	...	...	...	79
Other food premises, general	...	...	...	...	...	561
Dairies	...	...	...	...	...	4
Public houses	...	...	...	...	...	11
Markets	...	...	...	...	...	565
Restaurants	...	...	...	...	...	134
Shops (Shops Act)	...	...	...	...	...	45
Theatres, cinemas, etc.	...	...	...	...	...	11
Slaughterhouses	...	...	...	...	...	24
Snack bars, soda fountains, etc.	...	...	...	...	...	97
Combustion plants	...	...	...	...	...	38
Food vans and milk vehicles	...	...	...	...	...	65
School Meals Service	...	...	...	...	...	49
Canteens	...	...	...	...	...	31
Verminous premises	...	...	...	...	...	1
Pest Control	...	...	...	...	...	622
Smoke Control Area Inspections (Dwellings)	...	...	...	...	...	175
Smoke Control Area Inspections (Other Premises)	...	...	...	...	...	22
Public conveniences	...	...	...	...	...	110
Schools	...	...	...	...	...	41
Factories and Workplaces	...	...	...	...	...	99
Food poisoning or Enteric Diseases enquiries	...	...	...	...	...	47
Keeping of animals	...	...	...	...	...	62

Complaints Received

<i>Nature of Complaint</i>							<i>Number</i>
Unsatisfactory housing conditions	...	...	...	...	...	...	26
Defective fireplaces	...	...	...	...	...	...	2
Defective rainwater pipes	...	...	...	...	...	...	4
Defective windows	...	...	...	...	...	...	3
Defective chimneys	...	...	...	...	...	...	5
Defective eavesgutters	...	...	...	...	...	...	7
Defective roofs	...	...	...	...	...	...	19
Defective water supply	...	...	...	...	...	...	18
Defective waterclosets	...	...	...	...	...	...	16
Defective sinks	...	...	...	...	...	...	2
Dampness	...	...	...	...	...	...	23
Choked drains	...	...	...	...	...	...	89
Flooding	...	...	...	...	...	...	18
Accumulation of refuse	...	...	...	...	...	...	17
Dirty premises	...	...	...	...	...	...	17
Blocked street gullies	...	...	...	...	...	...	3
Rats	...	...	...	...	...	...	90
Mice	...	...	...	...	...	...	74
Insect pests	...	...	...	...	...	...	75
Foul and obnoxious odours	...	...	...	...	...	...	43
Smoke nuisances	...	...	...	...	...	...	12
Overcrowding	...	...	...	...	...	...	16
Miscellaneous	...	...	...	...	...	...	22
Defective dustbins	...	...	...	...	...	...	15

Nuisances Abated Following Action by the Public Health Inspectors

Drainage, Sanitary Accommodation, etc.

Drains cleared from obstruction	...	...	...	...	...	...	35
Public sewers cleared from obstruction	...	...	...	...	...	...	18
Drains re-laid or repaired	...	...	...	...	...	...	11
Sewers re-laid or repaired	...	...	...	...	...	...	5
Soil pipes, waste pipes, etc., repaired or renewed	...	...	...	...	...	...	2

Water Closets

Additional w.c.s provided	...	...	...	...	...	...	—
W.C. compartments re-built or repaired	...	...	...	...	...	...	8
W.C. basins renewed or repaired	...	...	...	...	...	...	4
W.C. cisterns renewed or repaired	...	...	...	...	...	...	2

Various

Offensive accumulations removed	...	...	...	...	...	...	6
Dustbins renewed	...	...	...	...	...	...	18
Miscellaneous	...	...	...	...	...	...	14
Smoke Control Areas — Breaches of Regulations	...	...	...	...	...	...	1
Other Nuisances abated	...	...	...	...	...	...	6
Smoke Nuisances abated	...	...	...	...	...	...	1

Shops (Shops Act, 1950 Section 38)

There are in the City about 900 shop premises of all descriptions. Many of them are one-man businesses. Forty-five of those where assistants are employed were inspected during the course of the year.

Camping Sites (other than military)

Although no camping sites were licensed during the year the inspectors made 3 visits to sites which were either used for periods less than 42 consecutive days or were in use illegally. Most were in connection with unauthorised use of Corporation land.

Steps Towards Cleaner Air and Administration of Clean Air Act, 1956.

Lancaster's first Smoke Control Order came into operation on the 1st November, 1961. It applies to 32.8 acres in the centre of the City and, generally speaking, has been well observed. Only in two cases out of a total of 750 premises was it necessary for Public Health Inspectors to give warnings concerning the emission of smoke. It is too soon yet to offer comments on the effect of the Order in reducing pollution of the air. During 1962 it is hoped to survey another two areas with a view to making further Smoke Control Orders. Much, however, will depend on the success or otherwise in filling the vacant post for a Public Health Inspector.

As part of a national survey two additional instruments for measuring smoke and sulphur gases in the atmosphere were installed towards the end of 1961. There are now four filters, four instruments for measuring sulphurous gases, and three gauges for measuring the deposit of ash and grit within the City boundaries.

In addition to work in connection with smoke control orders, industrial chimneys and combustion plants were kept under observation and information concerning these is given in the following tables.

Observations.

During the year your Public Health Inspectors made 145 observations of factory, etc. chimneys. The total time spent on these observations was 68 hours 33 mins. Of this time the periods during which the various shades of smoke were emitted are shown in the following tables.

*Length of time, in minutes, during observations
when smoke was emitted from chimneys*

RINGELMANN SHADE NUMBERS					
0	0—1	1 + —2 Light	2 + —3 + Dark	4—4 + Black	Total
1,669	2,103	265	62	14	4,113

The number of smoke nuisances recorded and action taken were as follows:—

Nuisances Recorded	Verbal Warnings given	Written Notices sent
5	3	2

Inspections and Visits.

Thirty-eight routine inspections of combustion plants were made during the year.

Measurement of Air Pollution.

The Public Health Inspectors measure daily the amount of smoke and sulphur gases in the air from four stations. Smoke consists of very small particles which remain airborne indefinitely, and is measured by drawing a certain quantity of air through a filter upon which the particles are collected. From the darkness of the stain the amount of smoke in the air is measured in microgrammes per cubic metre.

The sulphur dioxide in the atmosphere is measured by changing the gas in a known quantity of air into sulphuric acid then measuring the amount of acid present.

Table I
Concentration of Smoke in the atmosphere in microgrammes per cubic metre.

	P.H. Dept.	Museum	Haverbreaks	Christ Church
January	*	260	—	—
February	*	190	—	—
March	150	150	—	—
April	150	150	—	—
May	92	106	—	—
June	55	61	—	—
July	63	65	—	—
August	46	62	—	—
September	104	117	—	—
October	122	116	—	—
November	186	199	131†	211‡
December	404	352	388	404

* Recording meter out of action.
† From 13-11-61.
‡ From 9-11-61.

Table II

Sulphur Dioxide in microgrammes per cubic metre

	Public Health Dept.	Museum
January	*	265
February	*	203
March	140	166
April	54	149
May	81	96
June	84	79
July	74	69
August	66	80
September	121	139
October	128	155
November	214	248
December	375	404

* Recording meter out of action.

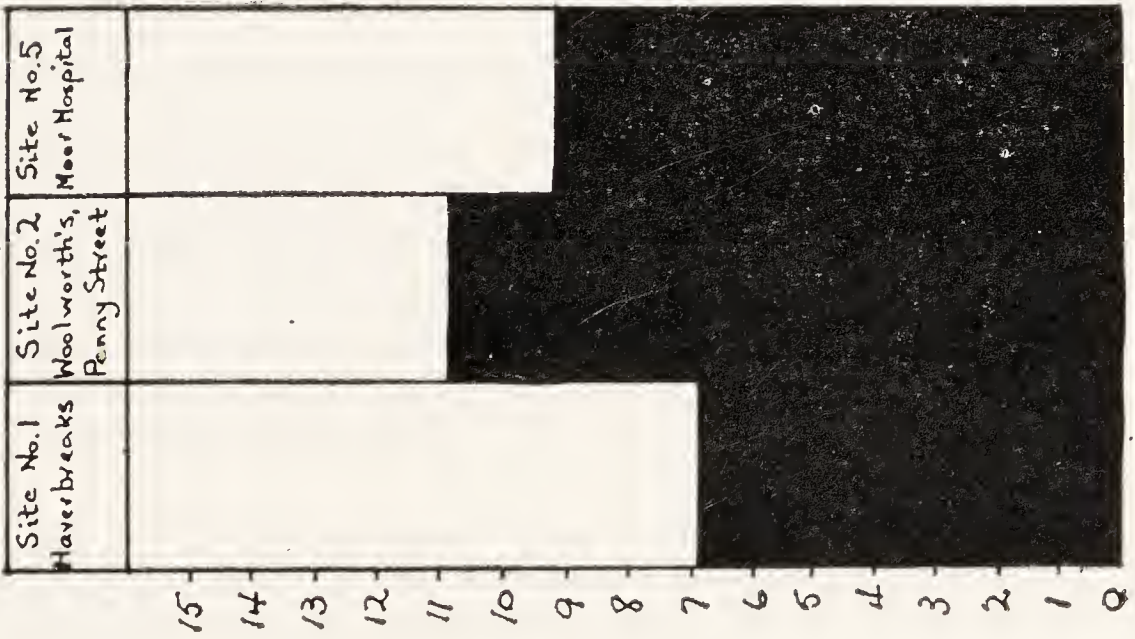
The larger particles in the air, which are mostly ash, grit, or unburnt coal, are measured by allowing them to settle over a specified area into a glass bowl and then calculating how many grammes have been deposited over 100 square metres per month. This figure can then be used to give a rough approximation in tons per square mile per month, which is perhaps easier to visualize.

Table III

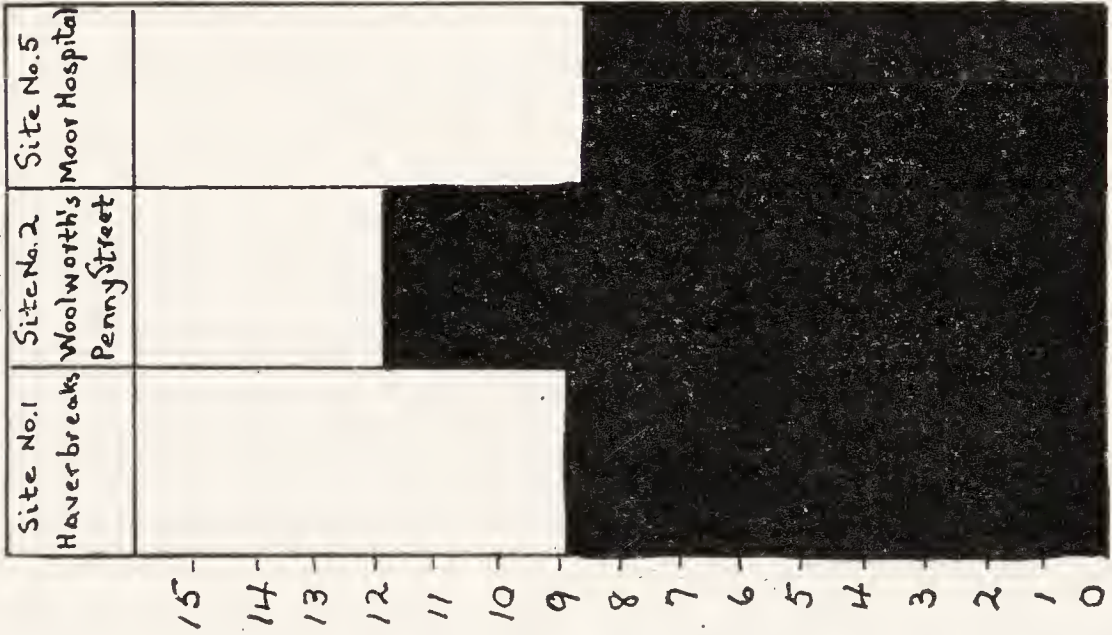
Total Deposited Matter. Tons per square mile per month

	Site No. 1 Haverbreaks	Site No. 2 Woolworths Penny Street	Site No. 5 Moor Hospital
January	6.86	15.13	9.89
February	5.84	11.08	9.25
March	4.66	9.59	5.23
April	10.95	13.67	9.55
May	5.30	6.66	7.65
June	9.89	10.33	11.49
July	10.87	16.51	7.17
August	6.86	11.71	8.73
September	6.32	11.11	8.47
October	13.61	15.07	10.27
November	5.87	10.68	5.64
December	9.08	11.27	7.89

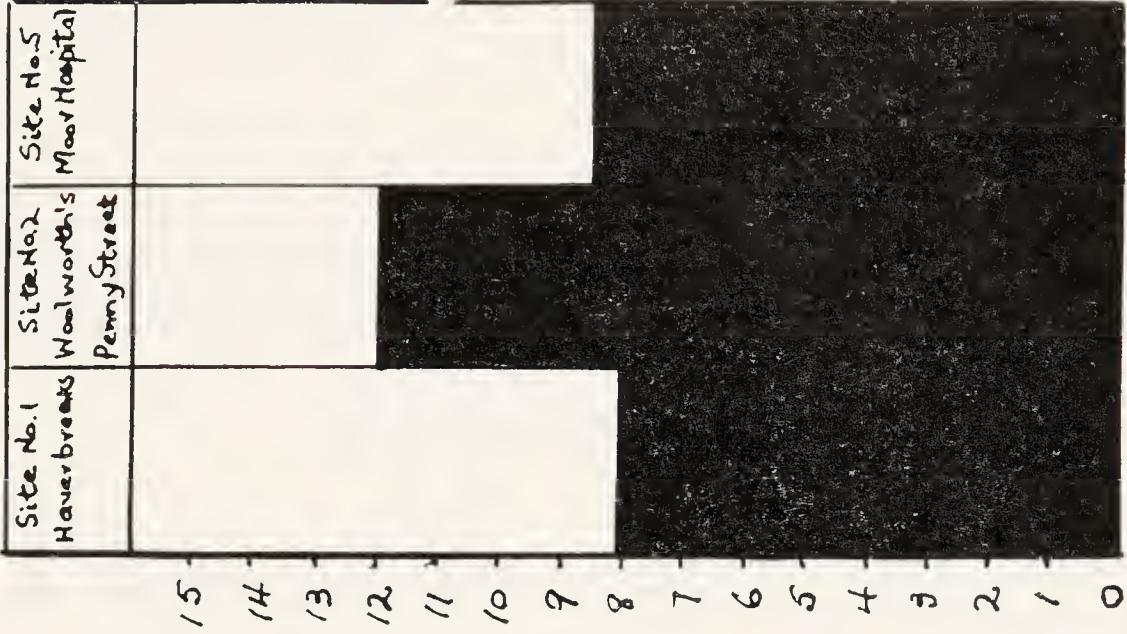
1959



1960



1961



Offensive Trades

Number of premises—4

Types of offensive trades:—

Fellmongers	...	...	...	...	...	...	...	1
Gut Scrapers	...	...	...	...	...	...	...	2
Rag and Bone Dealer	...	...	...	...	...	...	...	1

All the offensive trades in the City were, generally speaking, carried on during the year without serious nuisance in spite of difficulties due to obsolete buildings.

Rag Flock and Other Filling Materials Act, 1951

Rag Flock Acts, 1911 and 1928.

No. of premises in the district in which filling materials are manufactured, used or sold	...	...	...	...	...	4
No. of inspections	...	...	...	...	...	2
No. of samples taken	...	...	...	...	...	2

HOUSING CONDITIONS

GENERAL SITUATION

The 1961 census and other information shows that numerically or quantitatively the housing situation in Lancaster is reasonably satisfactory. The immediate post-war need for additional units of accommodation has, generally speaking, been met. At the end of 1961 there were only two recorded cases of overcrowding in the City, and only a small part of the 1955-63 slum clearance programme remained to be completed. This will be done in 1962. The main housing problem is now one of obsolescence.

Although slum clearance is a continuing function, because of the progress made in Lancaster, the emphasis can now be laid on the qualitative aspect of housing. This calls for the application of a standard on which the existing housing stock can be judged. Such a standard must vary according to the circumstances at the time. It must, for example, take into account the quantitative situation and also the social and economic development of the country. It would be impracticable to enforce by legislation the provision of baths and hot water in all houses at a time when there was an acute shortage of dwelling units. On the other hand, when circumstances permit the raising of housing standards, as they do now in Lancaster, every effort should be made to this end even in the absence of legal powers of compulsion.

As incomes rise, so the demand for better housing increases. This demand can be met entirely by building new houses or partly by new building, and partly by improving the older houses. All old houses

are not, however, capable of being classified as being either ripe for demolition or suitable for improvement to modern standards. There is a middle class of house which, although not unfit, is not capable of improvement at economic cost, and these houses, on present standards, must be regarded as obsolete. Now that the slum clearance programme has diminished, the problem of obsolescence comes into prominence, and this is important at the present time because of the increase in house ownership. At present in Lancaster about 55 per cent of houses are owner-occupied in comparison to 41 per cent in 1948. This increase in house ownership is not entirely the result of speculative building, in fact, a high proportion of owner-occupiers either own or are buying old houses, some of which fall into the obsolescent class. This is likely to create a problem in the foreseeable future. Until 1965, owner-occupiers of unfit houses which were purchased by them between 1939-1955 and are included in slum clearance schemes will receive compensation at the same rate as an owner of a house which is not unfit. After 1965, however, they will receive no compensation if their houses are included in a Clearance Order and only site value if included in a Compulsory Purchase Order. This will apply whether or not there is a mortgage still outstanding.

Another problem which is coming into prominence, is the inability of some owner-occupiers to maintain their houses up to a reasonable standard. Unless old houses are well maintained they very soon reach the stage when they are not repairable at reasonable cost and have to be prematurely dealt with by slum clearance procedure.

We are passing through a phase when a large proportion of landlords in Lancaster are wanting to sell their houses and this coincides with the increase in demand for house ownership by tenants. There are dangers in this situation, especially so if mortgages are granted without full consideration of all the facts. In 1948 an estimate was made of the further life of all existing houses and up to now this estimate has proved to have been reasonably accurate. The Council, however, have no power enabling them to advise prospective purchasers of the estimated further life of houses except in cases where they are in definite slum clearance or redevelopment schemes.

The improvement of houses should be carried out on a larger scale and at a faster rate than at present, for example, in blocks or areas, instead of by individual application. At the present rate of improvement of approximately 100 houses a year, it will take 40 years before every house in Lancaster is equipped with a bath and hot water. Clearly, this is not keeping pace with the rise in the standard of living and certainly not with the public demand for better housing conditions. Houses of special character which are worth preserving may have to be purchased by the Council and modernised, even if it is not economical to do so.

The problem of obsolescence in the field of housing is a very complicated one and requires a thorough examination, and much more in-

formation is needed before the desired large scale improvement of houses in the City can be embarked upon. The kind of information required is whether tenants are willing to pay an increased rent for the improvement of old houses, or whether they would prefer to pay still more either weekly or monthly in the form of mortgage repayments for new ones. If such a study showed the demand to be predominantly for new houses rather than improved ones the solution would be tied up with the redevelopment of areas of obsolete but not unfit houses because we should not continue to permit the development of virgin land and leave the obsolescent areas to decay. In the 1953 Annual Report I raised the question whether the City Council should not then have concentrated on redevelopment of the City and left new development to private enterprise or for the building of houses for sale. It was clear at that time from a pilot survey that there was quite a demand for house purchase. This demand has largely now been satisfied by building at Morecambe, Caton, Halton and Brookhouse etc., and although the Main Street and Captains Row areas have been redeveloped by the City Council, redevelopment still remains a major problem and lags too far behind slum clearance. Redevelopment schemes take several years to reach fruition and it is, perhaps, not premature to think now about plans for redeveloping the obsolete areas of the City. As the majority of the houses in these areas are not unfit at present, but obsolete in design and equipment, the redevelopment may have to be done by a Housing Association. The Housing Act, 1961, empowers the Minister of Housing and Local Government to make advances to a Housing Association to meet the whole or any part of the expenditure of a scheme to provide housing accommodation for letting. The total sum set aside for this purpose is £25m. which will probably be quickly used up.

In the preparation of future housing programmes, both private and public, more attention should be given to the changing pattern of living, otherwise houses being built now will soon be obsolete. One household in three now has a car; more people want whole house heating and we are promised a doubled standard of living in twenty-five years. A large proportion of the existing stock of houses in the City are already obsolete in design and equipment, but some of these are reasonably structurally sound. Better homes will mean higher weekly or monthly payments, but a sub committee of the Central Housing Advisory Committee believes that there is a sufficient number of people who are willing to pay the extra charge for the better article.

Whatever the future housing policy is to be, the time is ripe for a review of the general housing situation in the City. This review should go far beyond the examination of lists of applicants for Council houses and probable future slum clearance proposals. It should, for example, take into account the demand for house purchase, whether it is a wise policy for the City Council to continue to grant mortgages on certain classes of property, and what would be the effect on the market for this type of property if the Council decided to stop making advances for the purchase of property incapable of modernisation.

The public control of housing began as a public health function and it remains predominantly so to-day. Dark, badly arranged and ill-equipped homes, although not always classifiable as slums, not only affect physical health but what is now receiving more attention, mental well-being. It is within this larger orbit that the housing of the community must be examined.

Information on the work of the Health Department in the housing sphere is given below.

Common Lodging Houses

There are no registered common lodging houses in the City.

Houses in Multi-occupation

It was not possible during the year to take steps to improve conditions in houses let off in lodgings.

Tents, Vans, Sheds etc.

There are no tents, vans, or other similar erections used at present for human habitation in the City.

Underground Rooms

There are a few basement rooms used as dwellings in Lancaster and now that the new Regulations applying to these premises have become operative they will be inspected as soon as circumstances permit.

HOUSING—STATISTICAL INFORMATION

Houses without Internal Piped Supply of Water, etc.

(a) Number of houses which have not an adequate internal water supply	...	...	...	...	...	2
(b) Number of houses which have no separate water closet or other adequate sanitary accommodation						6

Inspection of Dwelling Houses

Total number of dwellings inspected	...	...	...	133
Total number of inspections made	...	...	...	427
Number of houses inspected found to be unfit but capable of repair at reasonable cost	...	...	...	12
Number of houses inspected and found not to be unfit but requiring repairs enforceable under the Public Health Act.	...	...	...	29

Number of houses inspected which were found to be unfit but were not capable of being made fit at reasonable cost	2
Number of houses inspected which called for no further action	90
Total number of unfit houses existing at end of 1961	83

Notices Served

Formal notices under the Housing Acts requiring repairs to render houses fit for human habitation	3
Formal notices requiring repairs, etc. under the Public Health Act	4
Informal notices requiring repairs to houses	37
Intimations to owners concerning lack of information in rent books	2

Result of Action

Repair of Houses

A high proportion of the older houses in the City are undoubtedly in need of repair but the exact number which call for the enforcement of repairs because they are unfit for habitation is not known and can only be ascertained by inspection. Shortage of Public Health Inspectors again prevented any measurable progress.

<i>After</i>	<i>After</i>
<i>Informal</i>	<i>Formal</i>
<i>Notice</i>	<i>Notice</i>

Houses Repaired during 1961.

Houses made fit following the service of Housing Act notices	7	5
Houses in which defects were remedied after the service of notices under the Public Health Act	18	16

Repairs to Dwellings

Roofs repaired or stripped and renewed	22
External walls rebuilt and repointed	6
Rainwater pipes repaired or renewed	15
Eavesgutters repaired or renewed	27
Chimney stacks rebuilt	2
Yards, passages, pavements repaired or renewed	7
Ceilings re-plastered or repaired	6
Internal walls replastered or repaired	20
Windows repaired or renewed	35
Doors repaired or renewed	11
Floors repaired or renewed	7
Fireplaces repaired or renewed	5
Sinks repaired or renewed	4
Repairs to water supply systems	2
Miscellaneous	19
Staircases repaired or renewed	1

Slum Clearance During 1961

During the year 5 Compulsory Purchase Orders were made. They applied to 48 unfit houses and 13 houses and other premises which were not unfit. The situation of the areas to which the Orders related and the number of premises included in each order is given below. The next table shows the number of dwellings actually demolished or closed during the year.

Compulsory Purchase Order No.	Situation	No. of Unfit Houses	No. of Houses and Other Premises Not Unfit
105	Friar Street	13	5
106	Moor Lane—Bulk Street ...	10	6
107	Castle Hill	15	—
108	Park Square	7	1
109	Middle Street	3	1

Demolition and Closure of Dwellings during 1961

Unfit houses demolished during the year	102
Number of families rehoused from houses in confirmed Slum Clearance Schemes	93
Number of persons rehoused from houses in confirmed Slum Clearance Schemes	253
Houses closed during the year	3
Number of persons rehoused from these houses	10
Dwellings, which were parts of buildings, closed	3
Number of persons rehoused from these dwellings	3

Houses Improved with the Help of Financial Grants

Discretionary Grants

Total number of schemes submitted to the Council	10
Number of dwellings affected by the schemes	10
Number of schemes completed by the end of the year	10
Additional dwellings provided	—

Standard Grants

Applications submitted to local authority	95
Applications approved by local authority	95
Work completed	69

New Dwellings Erected During the Year

	Houses	Flats
By the City Council	—	130
By private persons	74	2
Total	74	132

Overcrowding

Housing Act, 1936 Part IV

At 31st December, 1961, 2 families in the City were overcrowded. During the year 10 cases of overcrowding were abated.

The ways in which the overcrowding was abated are shown in the table below.

Abatement of Overcrowding during 1961

1. Cases rehoused by the City Council	...	...	...	5
2. Cases abated following warnings given by the Health Department	...	...	...	—
3. Cases abated following legal proceedings	...	...	...	—
4. Cases abated either by voluntary action on the part of the families concerned or by changed circumstances, e.g., a death in the family or a member leaving home for reasons of work	...	...	...	5
Total cases abated...				10

Overcrowding Position during 1961

1. Cases remaining at 31-12-60	...	...	...	2
2. Number of new cases reported during 1961	...	...	...	10
3. (a) Number of cases abated during 1961	...	...	...	10
(b) Number of persons concerned in (a) above	...	...	...	56
4. Number of cases of overcrowding in Council houses which were abated during the year	...	...	...	2
5. (a) Number of dwellings which remained overcrowded at the end of 1961	...	...	...	2
(b) Number of families dwelling in these houses	...	...	...	2
(c) Number of persons dwelling in these houses	...	...	...	8

There were no cases during the year in which houses became again overcrowded after the Council had taken steps for the abatement of overcrowding.

SANITARY CONDITIONS IN SCHOOLS

Routine inspections of all the schools situated in the City were made by the Public Health Inspectors during the year.

Information concerning the present sanitary, drinking, and washing arrangements, etc. in the schools is given in Table I below, and the improvements made during 1961 is given in Table II.

TABLE I

Total number of schools in the City	...	...	...	39
Number with fresh water closets only	...	...	...	39
Number with trough closets	...	...	...	—
Number with unsatisfactory yard surfaces	...	...	...	—
Number with inadequate washing facilities	...	...	...	24
Number with inadequate drinking facilities	...	...	...	—

TABLE II

Ripley Boys' Sec. Mod. — Kitchen renovated.
St. Thomas Sec. Mod. — School re-decorated.
Christ Church Junior — 6 new W.H.B's. 1 new sink provided
Scotforth C. E. — New yard surface.
Greaves Park Nursery — 2 new W.H.B. provided.
Newton County Primary — 1 new W.C. provided.
Greaves Sec. Mod. — Old urinal replaced by white glazed urinal, hot water provided to staff W.H.B's., 2 W.H.B's. fitted in girls' changing room.
Christ Church Primary (Highfield) — Dustbins provided. Paper towel holders provided.

PLACES OF ENTERTAINMENT

Ten inspections of places of public entertainment were made during the course of the year. No conditions were recorded which would necessitate the City Council taking further action.

INSPECTION AND SUPERVISION OF FOOD

The administration of the Food and Drugs Act, 1955, the Food Hygiene Regulations, 1955, and Milk and Dairies Regulations.

Milk Supply: Supervision and Distribution

During the year Public Health Inspectors made a total of 4 inspections of the 8 dairies situated in the City.

Average Daily Consumption of Milk

The average daily consumption of milk per head of the population rose slightly from 0.68 pints to 0.70 pints.

The proportion of pasteurised milk consumed in the City fell from 76.99% in 1960 to 72.42% in 1961. The amount of sterilised milk rose from 1.70% in 1960 to 3.24% in 1961. The consumption of heat treated milk (ie., pasteurised and sterilised) fell by 3.02% during 1961.

In spite of the fact that heat treated milk is safer, the demand for raw milk in Lancaster has increased slightly during the last year or so.

<i>Description</i>					<i>Daily Consump- tion in Gallons</i>	<i>Per centum of Whole</i>
Tuberculin Tested Milk	...	...	...	...	1,035	24.34%
Pasteurised Milk	...	...	...	...	1,611	37.89%
T.T. (Pasteurised) Milk	...	...	...	...	1,468	34.53%
Sterilised Milk	...	...	...	...	138	3.24%
Total	...	...	...	...	4,252	100.00%

Average daily consumption in pints per head of population .. 0.70 pints

Quantity of Milk Bottled (in gallons)

					<i>Amount bottled Outside the City (in gals. per day)</i>	<i>Amount bottled in the City (in gals. per day)</i>
Tuberculin Tested Milk	...	...	...	...	966	69
Pasteurised Milk	...	...	...	...	311	1,300
T.T. (Pasteurised) Milk	...	...	...	...	507	961
Sterilised Milk	...	...	...	...	138	—
					1,922	2,330

Milk (Special Designation) (Raw Milk) Regulations, 1959

Milk (Special Designation) (Pasteurised and Sterilised Milk)

Regulations, 1949. Milk (Special Designation) Regulations 1960

Information concerning the number of licences issued under the above-mentioned Regulations during 1961 is given below:—

Tuberculin Tested Milk: Bottling Nil. Dealers others than bottlers 67.

Pasteurised Milk: Pasteurising Plant 1. Dealers 72.

Sterilised Milk: Dealers 78.

Sampling of Milk for Bacteriological and Biological, etc. Tests

TESTS FOR TUBERCLE IN MILK

Information concerning the number of samples and grades of milk submitted for biological tests for the presence of tubercle bacilli and the results of the tests is given in the following table.

TESTS FOR TUBERCLE IN RAW MILK

	Tuberculin Tested Raw Milk
Total Number Taken	51
Number Negative	49
Number Positive	—
No Result	2
Percentage Positive	—

Sampling of Milk for Good Keeping Quality and for Evidence of Adequate Pasteurisation or Sterilisation

Information concerning the testing of milk for good keeping quality and for adequate heat treatment is given in the following tables.

SAMPLES OF MILK TAKEN FOR METHYLENE BLUE AND B.COLI. TESTS

	Tuberculin Tested Raw Milk	Pasteurised Milk	Tuberculin Tested (Pasteurised)
Total Number Taken	51	22	10
Number Satisfactory	45	21	8
Number Unsatisfactory	6	1	2
No Result	—	—	—
Percentage Unsatisfactory ...	11.76 %	4.54 %	20.00 %

SAMPLES OF MILK TAKEN FOR PHOSPHATASE TESTS

	Pasteurised Milk	Tuberculin Tested (Pasteurised) Milk
Total Number Taken	22	10
Number Satisfactory	22	10
Number Unsatisfactory	—	—
No Result	—	—
Percentage Unsatisfactory ...	—	—

Samples of Milk taken for Turbidity Tests. Number taken 4.
Results: all satisfactory

Observations on Results of Tests

It will be seen from the tables that almost 12% of samples of raw milk failed the Methylene Blue and B.Coli Tests. This is slightly higher than the previous year.

There was also an increase in the percentage of samples of pasteurised milk which failed to pass this test. All samples of heat treated milk, however, i.e., both pasteurised and sterilised, were found to have been properly heat treated.

Bacteriological and Chemical Examination of Ice Cream

Bacteriological Examination

Out of 6 samples of ice cream taken for bacteriological examination 5 were placed in Grade 1 which indicates these samples were highly satisfactory. The remaining sample was placed in Grade 2.

BACTERIOLOGICAL EXAMINATION

No. of Samples Taken	Methylene Blue Decolourisation Test		B. Coli		Ministry of Health Provisional Grades			
	Satisfactory	Unsatisfactory	Absent Satisfactory	Present Unsatisfactory	1	2	3	4
6	6	—	6	—	5	1	—	—

Chemical Examination

One sample of ice cream sent for analysis contained less than the legal minimum of 5% fat. The manufacturer was cautioned by letter.

TABLE SHOWING FAT CONTENT

No. of Samples Taken	Under 5.0%	5.0% - 7.5% -	7.5% 10.0%	Over 10.0%
6	1	1	—	4

Bacteriological Examination of Foodstuffs in General

The table overleaf gives information concerning the results of routine bacteriological examination of food. There is no legal standard for assessing whether a food is hygienically satisfactory when sold to the consumer, but an arbitrary standard has been agreed with the Public Laboratory Service. For a sample to be deemed hygienically satisfactory it should have:—

COOKED FOODS

Less than 100,000 organisms per gramme at 37°C.
Less than 500,000 organisms per gramme at 22°C.
Faecal coli should be absent in 0.1 gramme.
Staphylococci coagulase + absent in 1 gramme.
Salmonella absent in 50 grammes.

RAW MEAT PRODUCTS

Less than 2,000,000 organisms per gramme at 37°C.
Less than 5,000,000 organisms per gramme at 22°C.
Faecal coli should be absent in 0.01 gramme.
Staphylococci coagulase + absent in 0.1 gramme.
Salmonella absent in 50 grammes.

DEEP FROZEN RAW MEAT PRODUCTS

Less than 500,000 organisms per gramme at 37°C.
Less than 2,000,000 organisms per gramme at 22°C.
Faecal coli should be absent in 0.1 gramme.
Staphylococci coagulase + absent in 0.1 gramme.
Salmonella absent in 50 grammes.

Sample	No. Taken	Satisfactory	Unsatisfactory	
			No.	%
Doughnut	1	1	—	—
Meat Pie	3	3	—	—
Cream Cake	8	6	2	25%
Marshmallow Biscuit	6	6	—	—
Custard Tart	9	9	—	—
Fish Fingers	2	2	—	—
Pie Jelly Powder	2	2	—	—
Potted Meat	2	1	1	50%
Steak and Kidney Pie	1	1	—	—
Cooked Meat	10	5	5	50%
Sausage Meat	2	—	2	100%
Trifle	1	—	1	100%
Bread	1	—	1	100%
Luncheon Meat	1	1	—	—
Shrimps	1	1	—	—
Corned Beef	1	1	—	—
Buttered Kipper Fillets	1	—	1	100%
Dried Milk	1	1	—	—
	53	40	13	—

The samples of some kinds of food examined during the year were too small in number to draw reliable conclusions. It is significant, however, that the foods which have commonly been involved in food poisoning outbreaks had a high percentage failure.

Meat and Other Foods

The following are particulars of meat inspection carried out by your Public Health Inspectors during the year at the abattoir.

NUMBER OF ANIMALS SLAUGHTERED AND INSPECTED AT ABATTOIR

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,072	157	157	21,308	10,628
Number Inspected	4,072	157	157	21,308	10,628
All Diseases except Tuberculosis and Cysticerci:					
Whole carcasses condemned ...	3	12	5	17	55
Carcasses of which some part or organ was condemned ...	2,190	133	4	675	1,414
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	53.78 %	92.36 %	5.73 %	3.25 %	13.82
Tuberculosis only:					
Whole carcasses condemned ...	—	1	—	—	—
Carcasses of which some part or organ was condemned ...	4	7	—	—	15
Percentage of number inspected affected with tuberculosis	.10 %	5.10 %	—	—	.42 %
Cystercercosis.					
Carcasses of which some part or organ was condemned ...	12	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	12	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Total Units Killed and Inspected

	Cattle	Calves	Sheep	Pigs	Total
1956	31,390	696	22,658	23,979	78,723
1957	33,040	417	21,966	25,719	81,142
1958	35,940	242	24,184	29,547	89,913
1959	31,070	360	34,286	29,304	95,020
1960	35,140	387	32,620	29,106	97,253
1961	42,290	471	42,616	31,884	117,261

For conversion from animals killed and inspected to inspection units the following equivalents are used:—

One cattle beast ...	10 units
One calf	3 units
One sheep	2 units
One pig	3 units

AMOUNT OF MEAT CONDEMNED BY WEIGHT

(a) For Tuberculosis:						Tons	Cwts.	Qrs.	Lbs.
Cattle	...	...	...	...	...	—	5	1	17
Calves	...	...	...	...	...	—	—	—	—
Sheep	...	...	...	...	...	—	—	—	—
Pigs	...	...	...	...	...	—	6	0	0
						—	11	1	17

(b) For other Conditions:

Cattle	...	...	...	...	...	8	14	2	7
Calves	...	...	...	...	...	—	2	0	20
Sheep	...	...	...	...	...	—	15	3	5
Pigs	...	...	...	...	...	4	2	0	12
						13	14	2	16

Particulars of Other Foodstuffs Condemned during 1961

One hundred and sixty visits were made to food shops and stores for the purpose of examining food, and the following amounts of food were condemned as unfit for human consumption. In all cases the food was voluntarily surrendered and the question of legal proceedings did not arise.

Tinned Goods:	Tins	Tons	Cwts.	Qrs.	Lbs.
Tinned Meat	475	...	18	1	5
Tinned Milk	135	...		3	3
Tinned Fish	53	...			22
Tinned Fruit	534	...	6	0	23
Tinned Vegetables ...	531	...	3	3	19
Tinned, Miscellaneous ...	94	...		3	8
	1,822		1	10	0
					24

Other Condemned Foods:							Cwts.	Qrs.	Lbs.
Bacon	...	...	...	...	...	...		3	21
Cheese	...	...	...	...	...	...		1	17
Croquettes, Fish	...	...	...	...	...	...			15
Croquettes, Meat	...	...	...	...	...	...			24
Fish, Fresh	...	...	...	...	...	...	1	1	14
Fruit, Fresh	...	...	...	...	...	...		3	4
Ham	...	...	...	...	...	...			10
Meat, Cooked	...	...	...	...	...	...			16½
Meat, Fresh	...	...	...	...	...	...		2	14
Pasties, Cheese	...	...	...	...	...	...			4½
Scotch Eggs	...	...	...	...	...	...			2
							4	3	2

Routine Inspections of Food Premises

The following routine inspections of food premises were made by the Public Health Inspectors during 1961:—

Canteens	...	...	...	...	...	...	...	31
Bakehouses	...	...	...	...	...	...	...	95
Butchers' Shops	...	...	...	...	...	...	...	61
Abattoir	...	...	...	...	...	...	...	2
Fish Fryers	...	...	...	...	...	...	...	35
Restaurant Kitchens, etc.	...	...	...	...	...	...	...	134
Ice Cream Premises	...	...	...	...	...	...	...	105
Market Stalls	...	...	...	...	...	...	...	565
Other Food Premises	...	...	...	...	...	...	...	51
Dairies	...	...	...	...	...	...	...	4
Snack Bars, etc.	...	...	...	...	...	...	...	97
Public Houses	...	...	...	...	...	...	...	11
Food Preparing Premises	...	...	...	...	...	...	...	79
Food Shops	...	...	...	...	...	...	...	510
Food Vehicles	...	...	...	...	...	...	...	65

Improvements and Repairs Executed in Food Premises

Following Action by the Public Health Inspectors

Walls decorated	...	...	...	...	...	...	21
Ceilings decorated	...	...	...	...	...	...	15
Hot water service provided	...	...	...	...	...	...	10
Sinks provided	...	...	...	...	...	...	7
Ventilation improved	...	...	...	...	...	...	6
Lighting improved	...	...	...	...	...	...	30
Floors repaired or recovered	...	...	...	...	...	...	8
Counter surfaces repaired	...	...	...	...	...	...	1
Protective screens provided	...	...	...	...	...	...	5
Soap and towels provided	...	...	...	...	...	...	8
First-aid equipment provided	...	...	...	...	...	...	2
Notices provided re washing of hands	...	...	...	...	...	...	9
Washbasins provided	...	...	...	...	...	...	9
Accommodation for clothing provided	...	...	...	...	...	...	3
Provision of int. vent. space	...	...	...	...	...	...	1
Cleanliness improved	...	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	...	10
Cold water service provided	...	...	...	...	...	...	3
Exclusion of animals	...	...	...	...	...	...	1
Use of unsatisfactory room discontinued	...	...	...	...	...	...	4
New shelves provided	...	...	...	...	...	...	1
New preparation room provided	...	...	...	...	...	...	1

Market Hall and Church Street Market

It is frustrating year after year to have to draw attention to the unsatisfactory conditions in which food is handled and sold in the markets under the Council's control. Although some satisfaction can be derived from the fact that the building of new shops for butchers and fishmongers was in progress during 1961, it is necessary to mention that a report on marketing facilities in the City was published as long ago as 1954.

Public Abattoir

Towards the end of 1961 the preparation of plans for the new abattoir was put in hand and works were carried out at the existing abattoir to remedy contraventions of certain Regulations relating to hygiene and the prevention of cruelty to animals.

Sampling and Analysis of Food and Drugs for Adulteration, etc.

The following tables indicate the number and type of samples of food and drugs submitted for analysis during the year.

MILK

Number of Samples Taken	Number of poor quality (not adulterated)	Deficient. Legal Proceedings not considered warranted	Obviously Adulterated
Formal 53	6	1	—

		Milk Fat	Non-Fatty Solids	Water
Average for the year	...	3.65%	8.63%	87.62%
Legal minimum standards	...	3.00%	8.50%	88.50%

Analysis of Other Food and Drugs

Samples of the following foods were submitted for analysis during the year:—

Food or Drug	No. of Samples Taken	Not Genuine	Food or Drug	No. of Samples Taken	Not Genuine
Almonds, Ground	1	—	Dripping	2	—
Apples	2	—	Flour, Self-Raising	2	—
Bicarbonate of Soda	1	—	Gin	1	—
Beef, Minced	1	—	Honey	2	—
Brandy	1	—	Jelly, Table	2	—
Brawn, Pork	1	—	Lard	2	—
Bread	1	1(a)	Macaroni, Egg ...	1	—
Butter	4	—	Margarine	1	—
Butter, Rum	2	—	Meat, Tinned	4	{ 1(c) 1(d)
Cakes, Fish	2	—	Milk, Condensed	2	
Cheese	1	—	Milk,, Evaporated	1	—
Cheese Spread	1	—	Mixture, Sponge ...	1	—
Coffee	5	—	Nutmeg, Ground ...	1	—
Cream	6	—	Oil, Olive	1	—
Cream of Tartar ...	1	—	Paste, Crab	1	—
Drinks, Soft	6	1(b)	Pepper, Cayenne ...	1	—

Pepper, White	4	—	Sausage, Meat ...	1	—
Pie, Steak & Kidney	1	—	Sausage, Roll ...	1	—
Powder, Custard ...	1	1(e)	Sherry	1	—
Powder, Lemonade	1	—	Sweets	5	—
Powder, Meringue	1	—	Tablets, Aspirin ...	2	—
Powder, Soup	4	—	Tablets, "A.P.C. Plus"	1	—
Preserves	12	1(f)	Tablets, "Coldrex"		
Pudding, Sago, Milk	1	—	Cold	1	—
Rum	1	—	Tablets, Vitamin	1	—
Salmon	1	—	Tea	1	—
Sauce, Horseradish	1	—	Vinegar	5	—
Sauce, Parsley ...	1	—	Whisky	1	—
Sausage, Pork ...	1	—	Wine, Ruby	1	—

- (a) Spots of blue discolouration due to colonies of spore bearing bacteria — Complainant and bakery notified .
- (b) Containing 400 p.p.m. preservative — Manufacturer notified.
- (c) Low in chicken content — Manufacturer notified
- (d) Slightly poor in meat content and incorrectly designated — Importers notified.
- (e) Salt omitted from voluntary list of ingredients — Packers notified.
- (f) Low in soluble solids — Manufacturers notified.

WATER SUPPLY

Sources, Purification and Distribution

At present the supply is partly moorland surface water from a catchment area immediately outside the City and partly from Manchester's Thirlmere supply. Both supplies are subjected to filtration and chlorination by the Lune Valley Water Board. Work is in progress on a scheme to extract 8 million gallons per day from the River Lune. I am indebted to the Engineer and Manager of the Lune Valley Water Board for the following information on the progress made in the scheme during 1961.

Work on the scheme commenced in April, 1960. It involves the construction of a weir across the river at the site of the intake and a pumping station at Caton which will contain low lift pumps, micro-straining equipment and high lift pumps, 5 miles 27" diameter rising main between Caton and Langthwaite Reservoir, and a 3¼ million gallon service reservoir adjoining Williamson Park.

Out of 14,397 dwellings in the City only 2 have not a piped supply of water inside the house.

Sampling of Tap Water

Seventy samples of tap water from houses were submitted for bacteriological examination and three samples of tap water were submitted for chemical examination. The reports, abstracts of which are given in the following tables, indicate that generally the supply was satisfactory.

EXTRACTS FROM REPORTS ON
BACTERIOLOGICAL EXAMINATION OF TAP WATER

Date	Coliform bacilli per 100 m.l. McConkey		Bact. Coli (type 1) per 100 m.l.	Ward Sample Taken	Remarks
	In 2 days at 37°C.				
11 1 61	—	—	—	Scotforth	Bottle broken in transit
"	—	—	—	Scotforth	
"	1	—	—	Bulk	
24 1 61	—	—	—	Scotforth	
"	—	—	—	Scotforth	
"	—	—	—	Bulk	
8 2 61	2	—	—	J.O.G.	
"	—	—	—	Scotforth	
"	—	—	—	Bulk	
15 2 61	—	—	—	J.O.G.	
"	—	—	—	Scotforth	
"	—	—	—	Bulk	
22 2 61	—	—	—	J.O.G.	
"	—	—	—	Scotforth	
"	—	—	—	Bulk	
1 3 61	—	—	—	Scotforth	
"	—	—	—	J.O.G.	
"	—	—	—	Bulk	
7 3 61	—	—	—	Park	
"	—	—	—	J.O.G.	
"	—	—	—	Bulk	
14 3 61	—	—	—	Scotforth	
"	—	—	—	J.O.G.	
"	—	—	—	Bulk	
18 4 61	—	—	—	Park	
"	—	—	—	J.O.G.	
"	—	—	—	Bulk	
2 5 61	—	—	—	J.O.G.	
"	—	—	—	Bulk	
8 5 61	1	—	—	J.O.G.	
"	—	—	—	Scotforth	
"	—	—	—	Skerton West	
26 6 61	—	—	—	J.O.G.	
"	—	—	—	J.O.G.	
"	—	—	—	Bulk	
12 7 61	—	—	—	J.O.G.	
"	—	—	—	J.O.G.	
"	16	—	—	Bulk	
19 7 61	—	—	—	Bulk	
26 7 61	—	—	—	J.O.G.	
"	2	2	—	Scotforth	
"	—	—	—	Bulk	
5 9 61	—	—	—	J.O.G.	
"	—	—	—	Bulk	
"	—	—	—	Skerton East	
26 9 61	—	—	—	J.O.G.	
"	—	—	—	Scotforth	
"	—	—	—	Skerton West	

Date	Coliform bacilli per 100 m.l. McConkey	Bact. Coli (type 1) per 100 m.l.	Ward Sample Taken	Remarks
	In 2 days at 37°C.			
10 10 61	—	—	J.O.G.	
"	—	—	J.O.G.	
"	—	—	Skerton West	
24 10 61	—	—	Scotforth	
"	—	—	J.O.G.	
"	—	—	Bulk	
15 11 61	—	—	Scotforth	
"	2	2	J.O.G.	
"	1	—	Bulk	
22 11 61	2	—	Scotforth	
"	—	—	J.O.G.	
"	—	—	Bulk	
29 11 61	—	—	Scotforth	
"	—	—	J.O.G.	
"	—	—	Bulk	
6 12 61	—	—	Scotforth	
"	—	—	J.O.G.	
"	—	—	Bulk	
13 12 61	—	—	J.O.G.	
"	1	—	J.O.G.	
"	—	—	Bulk	

Extract of Report on Chemical Examination of Tap Water

Test							Result in p.p.m.								
							11	1	61	8	2	61	14	3	61
Total Solids in Solution	...	...	...	...	...	...	64			64			84		
Oxygen absorbed from Permanganate in 15 mins.	...	...	...	...	...	...	0.04			0.06			0.04		
Oxygen absorbed from Permanganate in 3 hrs.	...	...	...	...	...	...	0.08			0.12			0.08		
Ammonia	...	...	...	...	...	...	Nil			0.005			0.005		
Albumoid Ammonia	...	...	...	...	...	...	0.01			0.01			0.01		
Nitrogen as Nitrates	...	...	...	...	...	...	0.33			0.37			0.29		
Nitrogen as Nitrites	...	...	...	...	...	...	Nil			Nil			Nil		
Combined Chlorine	...	...	...	...	...	...	10			10			11		
Total Hardness (as Ca CO ₃)	...	...	...	...	...	...	30			30			47		
Carbonate Hardness (as Ca CO ₃)	...	...	...	...	...	...	15			13			35		
Free Chlorine	...	...	...	...	...	...	Nil			0.06			0.03		
Total Iron	...	...	...	...	...	...	0.16			0.16			0.12		
Lead	}	...	...	...	...	...	Nil			Nil			Nil		
Copper															
Zinc															
pH. Value	...	...	...	...	...	...	7.1			7.1			7.1		

BACTERIOLOGICAL EXAMINATION OF SWIMMING BATH WATER

Samples from the swimming baths are generally taken at weekly intervals. Extracts from the reports for 1961 are given below.

Date			Aerobic micro-organisms growing in Yeastral Agar 2 days at 37° C.	Prob. No. of coliform organisms per 100 c.c. of water	Bath from which Sample was Taken	Remarks
			Overgrown with Spreading Organisms			
11	1	61		—	Corp'n. Minor Plunge	
24	1	61	360	—	Corp'n. Minor Plunge	
8	2	61	116	—	Corp'n. Minor Plunge	
15	2	61	> 2,000	2	Corp'n. Minor Plunge	
22	2	61	74	—	Corp'n. Minor Plunge	
1	3	61	47	—	Corp'n. Minor Plunge	
7	3	61	> 900	25	Corp'n. Minor Plunge	
14	3	61	3	—	Corp'n. Minor Plunge	
18	4	61	3	—	Corp'n. Minor Plunge	
	"		5	—	Corp'n. Major Plunge	
2	5	61	8	—	Corp'n. Minor Plunge	
	"		4	—	Corp'n. Major Plunge	
8	5	61	118	—	Corp'n. Minor Plunge	
	"		55	—	Corp'n. Major Plunge	
26	6	61	43	—	L.R.G.S.	
	"		6	—	Corp'n. Minor Plunge	
	"		5	—	Corp'n. Major Plunge	
12	7	61	3	—	L.R.G.S.	
	"		< 10	2	Corp'n. Minor Plunge	
	"		3	—	Corp'n. Major Plunge	
26	7	61	40	—	Corp'n. Minor Plunge	
	"		3	—	Corp'n. Major Plunge	
5	9	61	—	—	Corp'n. Minor Plunge	
	"		—	—	Corp'n. Major Plunge	
26	9	61	17	—	Corp'n. Minor Plunge	
	"		15	—	Corp'n. Major Plunge	
10	10	61	12	—	Corp'n. Minor Plunge	
24	10	61	3	—	Corp'n. Minor Plunge	
15	11	61	—	—	Corp'n. Minor Plunge	
22	11	61	8	—	Corp'n. Minor Plunge	
29	11	61	10	—	Corp'n. Minor Plunge	
6	12	61	4	—	Corp'n. Minor Plunge	

Prevention of Damage by Pests Act, 1949

Details of the premises visited, number found to be infested, and information concerning treatment are given in the following tables:—

SURFACE TREATMENT

	TYPE OF PROPERTY				Agri- cultural (5)
	Non-Agricultural				
	Local Au- thority (1)	Dw'ling Houses (includ'g Council Houses) (2)	All Other (includ'g Business Premises) (3)	Total of Columns (1), (2) and (3) (4)	
I. Number of properties in Local Authority's District ...	372	14,395	2,306	17,073	19
II. Number of properties inspected as a result of:					
(a) Notification	—	85	82	167	4
(b) Survey under the Act ...	6	21	73	100	8
(c) Otherwise (e.g., when visited primarily for some other purpose) ...	—	—	—	—	—
III. Total inspections carried out —including re-inspections ...	54	512	524	1,090	35
IV. Number of properties in- spected (in Sect. II) which were found to be infested by:					
(a) Rats Major	1	—	1	2	1
Minor	1	22	33	56	3
(b) Mice Major	1	2	18	21	—
Minor	—	28	33	61	—
V. Number of infested properties (in Sect IV) treated by Local Authority	3	52	85	140	4
VI. Total treatments carried out —including re-treatments ...	3	52	85	140	4
VII. Number of Notices served under Sect. 4 of the Act:					
(a) Treatment	—	—	—	—	—
(b) Structural work (i.e., proofing)	—	—	—	—	—
VIII. Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act	—	—	—	—	—
IX. Legal proceedings	—	—	—	—	—
X. Number of “block” control schemes carried out	—	—	—	—	—

Rodent Control — Sewer Treatment.

A sewer treatment was commenced but not completed during 1961. The delay in completion was due to changes in the staff of rodent operators and other demands on their services.

Disinfection and Disinfestation of Premises, etc.

Information concerning the disinfection and disinfestation of premises and articles carried out during the year is given in the following tables:—

DISINFECTION (PREMISES)

Premises Disinfected			Single Rooms Disinfected		
No. of Whole Houses	No. of Ships	No. of other Premises	In Houses	In Ships	In other Premises
—	—	5	—	—	5

DISINFECTION (BOOKS AND OTHER ARTICLES)

Books Disinfected		Other Articles	Articles Destroyed	
Public Library	Private Library		Books	Other Articles
25	—	—	—	11

Insect Pest Control

One house and two single rooms were disinfested by means of liquid insecticides, and 94 vans of furniture were fumigated with HCN during rehousing operations. Fuller information is given in the table below.

Type of premises treated	Type of Infestation					Single Rooms
	Bugs	Fleas	Ants	Cock-roaches	Others	
Corporation Houses ...	—	—	—	—	—	1
Other Houses ...	—	—	—	—	1 (2 rooms)	1
Other Premises ...	—	—	—	—	—	—
Totals ...	—	—	—	—	1 (2 rooms)	2

Legal Proceedings

Proceedings under Regulations 6, 16 and 23 of the Food Hygiene Regulations, 1960, against the two partners of a restaurant resulted in each partner being fined £5 on each of 6 charges, a total of £60.

SECTION “ E ”

PORT HEALTH

LANCASTER PORT HEALTH AUTHORITY

The use of the port is mainly confined to a small amount of coastal traffic and similar cargo boats from the Continent. In view of this the more elaborate arrangements required in a larger port are not called for here.

Section 1—Staff

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any Other Appointments Held
Robert W. Farquhar	Port M.O.H.	1/7/52	B.Sc. (Agri.), M.B., Ch.B., D.P.H.	Divisional M.O.H., Health Division No. 2 M.O.H., Carnforth U.D.C. M.O.H., City of Lancaster. M.O.H., Lancaster R.D.C. M.O.H., Lunesdale R.D.C
Frederick Shaw	Inspector to Port Health Authority	1/12/43	Cert. of R.S.I. and S.I. Joint Board; D.P.A.; F.R.S.H.	Chief Public Health Inspector, City of Lancaster.

Section II

Amount of Shipping Entering the District during the Year

Ships from	Number	Registered Tonnage	Number Inspected		Number of Ships reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Public Health Inspector	
Foreign Ports ...	5	865	—	5	—
Coastwise	21	4,232	—	—	—
TOTAL	26	5,097	—	5	—

Section III

Character of Shipping and Trade during the Year

Passenger Traffic	...	Number of passengers INWARDS	...	Nil
		Number of Passengers OUTWARDS	...	Nil

	Principal IMPORTS:	Stone, Nitrates, Linseed Oil, Clay, Slag.
Cargo Traffic		

	Principal EXPORTS	Nitro Chalk.
--	-------------------	--------------

Principal Ports from which ships arrive:—

Foreign — Rotterdam, Cork.

Coastwise — Bristol, Drogheda, Liverpool.

Prevention of Damage by Pests Act, 1949

Prevention of Damage by Pests (Application to Shipping) Order, 1951

Number of Rodent Control Certificates issued — 25

Prescribed Particulars on the Administration of the Factories Act, 1937
Part I of the Act

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

INSPECTIONS

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Without mechanical power ..	24	4	—	—
With mechanical power ...	156	95	8	—
Other premises	3	—	—	—
Total	183	99	8	—

2, Cases in which defects were found. (If defects were discovered at a premises on two, three or more separate occasions they are reckoned as two, three or more “cases”).

DEFECTS FOUND

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	1	—	1	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):—					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective ...	8	9	—	8	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences	—	—	—	—	—
Total	9	10	—	9	—

1 Outworker (Wearing Apparel)—Premises and Conditions Satisfactory

